Lectures ON CLINICAL MEDICINE.

Delivered in the Royal Infirmary of Glasgow,

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LECTURE I.

CASE OF ANEURISM OF THE ARCH OF THE AORTA TREATED BY GALVANO-PUNCTURE.

GENTLEMEN,—I have at present under my care a case of aneurism of the thoracic aorta, which I am desirous of bringing under your notice with special reference to its successful treatment by means of galvano-puncture. In this operation I employed a Stöhrer's battery, and a needle insulated to within half an inch of its point by being coated, as recommended by Dr. John Duncan, of Edinburgh, with a mixture of shellac and gutta percha.* The operations were performed thus:—The skin at the edge of the aneurismal swelling having been frozen with ether with the aid of Dr. Richardson's spray-producing apparatus, the needle, connected with the positive pole, was passed obliquely into the aneurismal sac. A zinc plate, connected with the negative pole, was then applied to the chest-wall on the opposite side and about three inches beyond the edge of the swelling, a sponge wrung out of warm salt water intervening between the plate and the skin. The cells of the battery were then raised in the usual way, and the traveller pushed up so as to bring four, six, or eight cells into use. When the process was completed the traveller was slowly pushed back, the zinc plate removed from the skin, and the needle extracted, a piece of plaster being applied over the puncture. The following are the notes of the case:—

Mrs. H——, aged forty-six, married, mill-worker, was admitted under my care into the Royal Infirmary on the 8th of November, 1871. She appears to have always enjoyed good health until about two years and a half before this time, when, without any obvious cause, she began to complain of a "violent beating at her breast" and of hoarseness. About four months after the onset of the palpitation she first experienced a sensation as if a heavy weight were pressing upon her chest, and complained of lancinating pains between the shoulders, which extended down the left arm, and which gradually increased in severity. About eighteen months previous to admission she observed a swelling in the front of the chest, which was then about the size of a small hen's egg; it extended gradually at first, but much more rapidly during the last six months of this time. From the time of appearance of the tumour the palpitation became more marked, being also aggravated by movement; and dyspnœa set in so as to prevent her from lying with any degree of comfort save on her left side.

On examination her general health seemed to be good, although she was rather pale and had an anxious, suffering expression of countenance. On inspection of the chest the swelling above referred to was seen at the lower and inner part of the left infra-clavicular space and implicating also the upper sternal region. It was about three inches and a half in diameter, and its apex—for it was somewhat conical—was about an inch and a half above the surface. Pulsation and expansion could be distinctly seen and felt, and palpation elicited well-marked purring tremor over it. There was decided dulness, and percussion required to be done very gently, as the part was exceedingly tender. On auscultation, a well-marked systolic murmur was discovered, which was audible over a pretty extensive area, but was most distinct over the tumour. The left ventricle was the seat of dilated hypertrophy, the apex-beat being too extensive, and decidedly lowered and carried to the left, the impulse of the heart being strong and heaving, and the area of præcordial dulness increased in a downward and outward direction. There was no evidence of pulmonary complication, and, although there was considerable dyspnœa, the air entered both lungs pretty freely. The pulse was regular, but rather soft; it lagged preternaturally behind the ventricular systole; and the left pulse was rather weaker than the right both in the radial and carotid arteries. The pupils were not affected, and she had no difficulty of swallowing; nor was there any evidence of emaciation or trace of spasm of the glottis, although the voice was hoarse. Her appetite was fair, and her bowels regular; she had no fever, but she slept badly.

She was kept in bed, absolute repose, both mental and physical, being enjoined, but not very successfully enforced; and twenty-five grains of chloral every night, and ten grains of the iodide of potassium three times a day, were prescribed. Her diet was plain but nourishing, her bowels were carefully regulated, and stimulants were forbidden.

Within a fortnight from the commencement of the treatment the pains in the shoulders had in great measure disappeared, and she was sleeping well. The chloral was accordingly stopped, but the iodide of potassium continued.

On the 22nd of December, notwithstanding the pushing of this medicine, the tumour was evidently getting larger and softer. Accordingly, a bladder filled with a mixture of pounded ice and salt was ordered to be applied over the swelling for half an hour twice a day, dusting powder, composed of oxide of zinc, lycopodium, and camphor, being employed in the intervals to prevent irritation of the skin.

The freezing mixture promised well at first, for on the 31st January, 1872, it was noted that all pain had disappeared, except when a deep inspiration was taken, and she could lie in any posture. The patient thought the tumour decidedly smaller: it was certainly firmer and much less tender, and purring tremor could no longer be felt over it, but otherwise there was little change.

Matters continued much in this state for some time, but during the month of March it was observed that the swelling was becoming gradually more prominent and softer, and by the end of the month it was evidently a question of days only when the red blush would appear upon the skin as a prelude to the fatal rupture. It was therefore determined, as a last resource, to try the effect of galvano-puncture.

On the 4th of April, all other treatment having been stopped, and with the kind co-operation of Drs. Perry and Finlayson, the operation was performed for the first time. It was continued for half an hour, four cells being employed for the first quarter of an hour, six for the second. For a short time after it there was slight expectoration which was tinged with blood, but the patient did not keep quiet as she had been told to do. Two days afterwards the swelling was found to be firmer, and she could take a deep inspiration almost without any pain.

On the 9th of April galvano-puncture was employed for the second time, and was unattended by hæmorrhage or complication of any kind.

On the 26th of April the following note was taken:—"The result of the two operations has been satisfactory. The patient now complains of no pain, and she can take a deep inspiration without any uneasiness. The tumour is decidedly smaller, and for the most part firm and solid. It still pulsates however; and the systolic murmur, though not nearly so pronounced, is still present. At its middle and lower part, too, there is a decided want of solidity, and here the pulsation is most distinct."

The operation was, therefore, repeated, the needle being passed into the soft part of the swelling.

On June 11th the following report was taken:—"Since last operation the improvement has been very marked. The tumour is now firmer at the lower part, is diminishing in size, and the pulsation is becoming less distinct. The murmur continues as before the last operation."

About this time she caught cold, and the cough, which lasted a couple of weeks and was pretty severe, was accompanied at first by hæmoptysis, about a wineglassful of dark-red blood having been expectorated in all.

On the 8th August the aneurismal symptoms remained unaltered, but the patient complained a good deal of palpitation and of irregular action of the heart. On this account tincture of veratrum viride was tried, at first in three- and latterly in ten-drop doses thrice daily, which moderated

* This gentleman seems now to prefer insulating the needles by vulcanite.

somewhat the violence of the cardiac action, while the feeling of irregularity vanished.

On the 27th August galvano-puncture was again made use of, six cells being employed for the first quarter of an hour, eight for the following five minutes, and six for the last ten minutes. The battery, having been recently reamalgamated, acted more powerfully than formerly, so much so that when eight cells were used she complained of decided uneasiness. She felt as if the needle was very large, and the left arm swollen and very tight; she also felt oppressed, complained of a burning heat in the chest, and had the feeling as if she could not survive if the current was not moderated. These symptoms passed off whenever the number of cells in use was reduced from eight to six.

The result of this operation was, that the swelling was further reduced in size and rendered firmer.

On the 26th October the following report was taken:—The symptoms of dilated hypertrophy of the left ventricle remain as at the period of admission into the infirmary, but for some time an apex systolic murmur has been audible, distinct from the basic one, and which was either not present at an earlier date or was obscured by the aneurismal one. The tumour is now only about one quarter of its size before galvano-puncture was resorted to; and it is for the most part very solid, much more so than the surrounding healthy parts of the chest. There is no trace of purring tremor, and its pulsation is much diminished, though still distinct, especially in the central, softest part of the swelling. The systolic murmur, too, is still present, although it is much softer than formerly. There is no change in the pulse. Patient feels in the most perfect health, and her only complaint is of a feeling of pulsation within the chest.

As far as I am aware galvano-puncture has only been employed on two other occasions in this country in cases of aneurism of the arch of the aorta.* Both of them were under the care of Dr. Duncan, but in neither was the operation successful. It was performed twice in each case. In the first case the treatment was apparently commenced too late, for external hæmorrhage had set in, and the patient died of exhaustion eight days afterwards. In the second case, the patient died from external hæmorrhage two months after the first operation, but in this case the treatment did not get fair play owing to the distance from Edinburgh at which the patient resided. A few other cases have been recorded by other observers; thus Beard and Rockwell, in their excellent work on electricity, state that Nicolli was successful in two cases of aneurism of the aorta, although they give no details of them; and Dr. Althaus, in his Treatise on Medical Electricity, reports the following case of aneurism of the descending aorta, cured by Ciniselli:—The patient, aged forty-six years, had a round, pulsating tumour on the right side of the sternum, in the third intercostal space; it was six centimetres wide, and almost equally long, and was elevated about one centimetre and a half above the level of the walls of the thorax. Ciniselli believed it to be an aneurism of the lateral portion of the aorta descendans thoracica, and used for its cure three steel needles one millimetre thick, which were introduced into the third intercostal space, one being about two centimetres distant from the other. The positive pole was first connected with one of the needles, and the negative with a sponge-holder applied to the skin in the neighbourhood of the tumour. He then connected the positive pole with the second needle, and the negative with the first, where the positive pole had already acted, &c., until each needle had been in contact with both poles. The application lasted forty minutes; the skin had become reddened and swollen. After a few days these local symptoms abated; there was no general reaction. Sixty-six days after the operation the patient was completely cured.

In carrying out this treatment our aim should be to induce partial coagulation within the sac, in the hope that it may be followed by the slow deposition of successive layers of fibrine; for sudden coagulation is apt to induce inflammation and sloughing, while such clots are of necessity soft and easily detached so as to incur the risk of embolism. It is right, however, to state that, as far as I am aware, this has hitherto proved rather a theoretical than a practical source of danger. The needle employed was insulated with the view of preventing cauterisation of the skin and subjacent tissues, which might lead to inflammation or hæmorrhage. Althaus thinks that such insulation is unnecessary, and that a slight action upon the skin is rather useful than otherwise by promoting shrinking of the sac, and preventing hæmorrhage on removing the needles. Each of these opinions is, in a sense, correct; everything depends upon the strength and duration of the current; for, if the current is weak and not much prolonged, insulation of the needles is probably unnecessary, while, if the current is strong and long continued, its omission might prove dangerous. At the same time, it must be borne in mind that, while inflammation should be avoided if possible, its occurrence, when moderate in degree, is not an unmixed evil, for it seems often to promote the cure.

In conclusion, let me say that I do not regard the case which I have related to you as an instance of perfect cure; but, at the same time, no one can deny the vast benefit which the patient has derived from galvano-puncture. For, although there is still decided fulness and pulsation, and slight murmur at the seat of the disease, she has neither ache nor pain, but says that she is in the most perfect health, and desires to be dismissed from the hospital and to resume work; whereas, had this treatment not been carried out, she would undoubtedly long ere this have been in her grave.*

* Other cases have been reported since this lecture was delivered.

* This patient was last seen on the 23rd of January, 1873—i. e., five months after the last operation,—and she was then in even better health than when the last report was taken.

Lectures
ON
DISEASES OF THE RECTUM.

Delivered at the Hospital for Women, Soho-square.

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LECTURE II.

POLYPUS; PROLAPSUS; FISSURE; FISTULA IN ANO.

GENTLEMEN,—To pass to another subject, polypus of the rectum. Patients not unfrequently complain of piles or prolapse of the rectum when really affected with polypus. In children it is not uncommon, and is a cause of bleeding from the bowel. Piles are rather uncommon in children; and if a child is brought to you with bleeding from the bowel, you are very likely to find in the rectum a little fibro-cellular polypus. I have a drawing here of one with a long pedicle. It is a simple matter when once made out, and may be removed with safety to the patient. If small, in children, it may be broken off with the finger and no hæmorrhage result; but if large, and in an adult, it is safer to ligature the pedicle, and there is no difficulty in the operation. Draw the polypus down and apply the ligature, cut off the pedicle near the polypus, and you will have no further trouble about it. The patient in a few days will be completely relieved of his distress. I have operated myself in that way repeatedly, and have never had any trouble.

Another disease which you often find confounded with ordinary hæmorrhoidal disease is prolapse of the rectum. Here is a drawing showing a portion of mucous membrane largely prolapsed. I may say that we can draw a distinction between prolapse and procidentia just as we can with regard to the uterus. By prolapsus we ordinarily mean simply the mucous membrane prolapsing. It may be hæmorrhoidal or not; in many cases it is so. By procidentia we mean the whole rectum coming down: all the coats, the muscular and it may be the peritoneal coat also. In such cases it would not do to cut off any part of the bowel. Yet this has, I am sorry to say, been done once or twice, and the peritoneal cavity has been opened.

I will not now consider those extreme cases. I will confine myself to-night to the ordinary form of prolapse which occurs in children and elderly people. In children it is

commonly the result of straining; in elderly women it is generally the result of weakening of the perineal structures, when, on some exertion, the bowel descends. Obviously, such cases should be distinguished from the more severe cases of prolapse of the entire bowel. Passing the finger over the prolapse, we find smooth mucous membrane turned inside out, which can usually be returned by slight pressure. In children it is better to give chloroform; in other cases it is easily reduced without.

Treatment for the tendency to prolapse may be either palliative or curative. Palliative treatment consists of styptic injections into the rectum; or you can, if you choose, let the patient wear some kind of support—an ordinary bandage, or, what I think is very objectionable, one of the anal supports, a pessary thrust into the anus, and supported by a kind of sling or truss. A much better plan is to try and produce a radical cure, which may be done in two or three ways. In the first place, you may use nitric acid, applying it over the prolapsed mucous membrane. There is one danger against which you must be warned, and that is, the danger of producing a stricture. I have known that occur. What I prefer myself is, to use nitric acid in stripes down the prolapsed rectum, rather than to smear the whole surface. If you adopt the latter plan, four or five stripes are sufficient, and thus all risk of producing too much contraction is avoided. Another mode of producing a cure is to narrow the anus. In these cases we find the anus has become distended by the habitual enlargement; and if you remove some of the skin about the margin of the anus by scissors and forceps, in the way I have already mentioned when speaking of hæmorrhoids, the parts contract in healing, and a support is given to the lower end of the rectum which practically cures the patient of his disease.

We will pass now, if you please, to another subject—namely, fissure. I may say at once that we see a great number of cases of fissure at this hospital, because it is more common among women than among men. Generally you find that the patient complains of great pain in the act of defecation. A woman came here this afternoon and complained that she had piles, and suffered great pain during defecation. I was pretty sure, however, she had not piles, because if she had piles the pain would have been continuous. When examined there was a well-marked fissure at the place where it so often exists—namely, at the posterior surface of the rectum. It is much more common at the posterior than at the anterior part. In these cases examination shows us at once the little ulcerated edges of a split in the mucous membrane. The passage of fæces in a case of fissure causes excruciating pain, and hence more or less spasmodic contraction, due, no doubt, to the irritation of the ulcer by the fæces.

What is the cause of the fissure? It may be simply mechanical. The patient has had constipated bowels, and in passing the motion the mucous membrane was a little torn. A certain amount of spasm of the anus was the result, and when the next motion passed the irritation was again repeated. The anus was never quiet, the fissure never allowed time to heal, and consequently, there the fissure is. Or a fissure may result from some slight tear of the part during parturition. Or it may have arisen in another way: an ulcer in the lower part of the rectum may extend downwards through the sphincter, which keeps up constant irritation, as in the former case.

You may palliate, and sometimes cure, this affection by the use of simple remedies. The best plan, I think, is to use equal parts of belladonna and mercurial ointment, introduced by the finger of the patient twice daily, care being taken to keep the bowels from becoming costive. In this way many slight cases may be cured. If it is a bad case, however, it is better to adopt some more radical treatment. One method is the forcible dilatation of the anus with the two thumbs or fingers, as originally recommended by the French surgeon Récamier. You thus tear open the fissure and also a few fibres of the sphincter, and so to some extent paralyse the sphincter, and then, traction upon it ceasing, the ulcer soon heals. The dilatation may be followed by the application of some simple ointment, and in many cases a perfect cure results. Of course it is painful, but it has this advantage, that it does not lay the patient up. At the same time, I may say that you must not expect too much, and you must be careful not to do too much. One patient, I remember, in whom too much was done, had ever afterwards some little incontinence of fæces. So it is important not to be too vigorous.

A more surgical proceeding is, no doubt, to divide the fissure with a straight bistoury. Pass the finger within the anus, get the finger close against the ulcer and against the fissure, and then introducing the knife flat upon the finger, turn the edge against the fissure, and draw it gently out. In that way you cut the whole length of the ulcer. It is not necessary to cut deeply; a few fibres of the sphincter alone need to be divided. After a few days' rest in bed and syringing out the rectum, every trouble may be relieved, and the patient speedily be well. That is a much simpler measure than the plan originally suggested by the French surgeon, Boyer. He introduced a bistoury into the anus, and cut boldly through the rectum and sphincter into the ischio-rectal fossa. Such a cut took long to heal, and did the patient considerable damage. To the late Mr. Copeland and to Mr. Quain is due the credit of showing that all the good effect of the operation could be gained by the slight cut I have already described, and in the great majority of cases this is sufficient to cure the patient of his disease.

A little point which should be borne in mind is, that in the upper part of the fissure we now and then find a little protruding polypoid growth of simple granulation-tissue springing up from the bottom of the ulcer. If that is left, a risk is run that the patient will not be cured. The growth may be clipped away with scissors, or scratched away with a knife, without fear of hæmorrhage.

I now pass on to speak of abscess in connexion with the rectum, and also of the result of abscess—namely, fistula. Of course, you may have abscesses of various kinds, superficial or deep. A superficial abscess may be simply a suppurating pile. The deeper form, that which ends in fistula in ano, is an abscess by the side of the bowel. It is connected usually, or at least in most cases, with some perforation of the bowel itself—perforation either from a foreign body, as a fish-bone, or more frequently due to a small ulceration just above the sphincter, through which some portion of fæcal matter escapes. The fæcal matter, of course, acts as a foreign body in the loose cellular tissue of the ischio-rectal fossa, inflammation occurs, and the result is an abscess pointing externally by the side of the anus.

You will find that the pus which is discharged in these two classes of cases differs very much. If it is a simple abscess—an abscess arising from an injury, exposure to cold, a damp seat, or a suppurating pile—the pus is simple, like that of an ordinary healthy abscess. If, however, it is an abscess derived originally from the bowel, either by perforation of a foreign body or the perforation of an ulcer, you have that excessively fetid pus which is generally put down as characteristic of all abscesses by the side of the bowel.

The symptoms, of course, are those of an ordinary abscess—swelling, throbbing pain, gradual reddening of the skin, a tendency to pit. The sooner the abscess is opened the better, because, if it has not already perforated the bowel, if it be one of those abscesses which arise in the ischio-rectal fossa, it is very important to prevent it from perforating the bowel, which it is very apt to do if allowed to run its ordinary course. Therefore, a free vent for the matter is of the greatest importance. In making the incision the best way is to use a good-sized bistoury, plunge it boldly into the abscess close to the anus, and make a cut radiating from the anus, so as not to injure the bowel in any way, and yet to make a good free vent for the matter. The after-treatment is that of an ordinary abscess. There is no question that an abscess of that kind, even if close upon the bowel, may be laid open without perforating the bowel. Unfortunately, in many cases, it is found that such perforation has already taken place, or that, if not already communicating, in process of time the abscess does perforate the bowel, and then we have a fistula in ano produced.

Fistulæ in ano have been described as of various kinds. In the first place there are two great divisions, complete and incomplete. The complete are those in which there is an external opening to the remains of the abscess, and an internal opening from that again into the bowel, usually just above the internal sphincter. The incomplete fistulæ are those in which there is an external or an internal opening only, and those fistulæ are named either blind external or blind internal fistulæ, according to the position of the opening. There is here a

little contradiction in terms which it is well to be clear about. A blind external fistula is one which does not open at the inner end. On the other hand, a blind internal fistula is one that has an opening into the bowel, but which does not open externally. A blind internal fistula is no doubt very rare. When I say very rare, I mean compared with a complete fistula, or with an external blind fistula. But it is more common than many people suppose, and you will find, every now and then, that by examining the lower portion of the bowel you can feel a little opening, and by bending a probe you can hook it into the opening of the blind internal fistula, and by pushing the end down you can make it protrude the skin by the side of the anus, and show that there is an opening or communication between the bowel above and the abscess below. I mention this particularly because it is a form of fistula which is very apt to be overlooked. I may say at once, in order to dismiss the subject, that the proper treatment is to convert it into a complete fistula. Cut upon the end of the probe, and if it does not heal up at once, treat it as you would a complete fistula—lay it open into the bowel.

With regard to external fistula, the ordinary form. There has been a variety of views concerning the question of the internal opening. Sir Benjamin Brodie laid down the rule that there always was an internal opening, but that is not quite true. In the great majority of cases, no doubt, there is an internal opening, although you may not be able to find it in all instances. We meet occasionally, however, with cases in which we can prove to demonstration by dissection that there is none.

There is a difficulty with regard to the internal opening which I may illustrate with a rough diagram. Take an imaginary section of the bowel. Here we have the track of the fistula passing up for some distance with the internal opening at the top, above the internal sphincter. The abscess has perhaps burrowed further, and opened up a track alongside the bowel; and then, in the examination of the fistula, the probe is passed unconsciously beyond the internal opening, and often for some distance beneath the mucous membrane of the bowel, as is felt by the finger introduced into the rectum. Of course it does sometimes happen that another opening has formed there; for unquestionably there are cases in which you have two internal openings. It is then very important, most important, that in dividing the fistula you should not merely lay it open as far as the upper opening, but should also divide the original *bond-fide* internal opening, which is generally to be found close above the internal sphincter. If you get the probe in here you at once feel it; if not, take great care in drawing the knife down that you try to hit it. It is no doubt the explanation of many cases of unsuccessful operation that the internal opening has been overlooked.

The operation itself is simple. The old surgical operation was a brutal proceeding. It consisted in cutting out the fistula, and even nowadays, I am told, patients may be seen whose fistulæ have been cut out. It was a perfectly unnecessary proceeding, and of course great damage was done; the sphincter was cut away considerably, and the patient was left in a much more wretched state than before. The great thing is to lay open the fistula into the bowel. This you can do by passing a probe-pointed bistoury up the fistula and putting the finger into the rectum; then, with the finger in contact with the end of the bistoury, draw it down. Perhaps a more simple mode is to use a probe-pointed director, which you can guide steadily up through the fistula to the finger which is in the rectum, and, having met the finger with the probe point of this, you then bend down the point, and with a little manipulation, the parts being lax in the living body, you are able to push the director through the opening, bending it a little so as to bring the extremity out at the anus. All that is then necessary is to run a sharp-pointed bistoury along the director, and to lay the fistula completely open. Either way answers very well: it is a matter of taste which you choose.

Having laid open the main fistula, it is of great importance to examine most carefully in a good light for supplemental fistulæ; because these are too often overlooked, and it is found that the patient on whom the operation has been performed does not get well, and leaves the hospital uncured, and finally has another operation performed before a permanent cure is effected. The explanation is that there is another fistulous tract at one side. On cutting the fistula and laying it open into the bowel, perhaps half way along it you find another opening leading out in another direction; and if that is overlooked, the result is that you will not cure the patient. Examine very carefully then in each direction, and lay all supplemental fistulæ freely open. I do not advocate more cutting than you can help; but you must lay all open to do good. The only caution with regard to the female is, that if you cut very close upon the junction of the sphincter ani and sphincter vaginæ you are very apt to get some incontinence of fæces afterwards. You cannot always help it. The sphincter is slow to return to its normal condition, and it may take many months to get over it.

Another point of great importance is to treat the thickened loose corners of skin which are badly nourished and prevent the part from healing. One of the greatest improvements, I take it, of the modern treatment of fistula is the cutting off of these corners of loose skin. It is a practice followed first in St. Mark's Hospital in the City-road, and I have since adopted it myself with great advantage. It is no return to the old operation of cutting out the fistula. You simply take up the loose undermined corners of skin, and cut them off with a sharp pair of scissors. Thus you save time. The parts beneath begin to granulate up at once, contract, and heal rapidly, and so you may often cure a patient in a few weeks who, if the corners had been left, would not have been well for a month or two. There is of course a little hæmorrhage, but the parts have become indurated, and the vessels at the lower part do not bleed very freely, and they are easily controlled with a little plugging. In the part of the fistula represented here [diagram referred to], running up by the side of the bowel, there is, no doubt, danger of hæmorrhage. I have seen sharp hæmorrhage from the division of such a fistula high up, and perhaps the best way to avoid it is not to use a knife in that upper part of the bowel, but a pair of scissors, as recommended by Mr. Allingham. Pass a director along the mucous membrane, and with a pair of scissors lay it open through a speculum, slitting it up. It is well afterwards to plug the opening carefully with cotton wool, so that there should be no hæmorrhage. After some days' rest it will come away gradually, and will have prevented hæmorrhage and all trouble. The best after-dressing of a fistula is to leave it alone. Daily stuffing it with oiled lint is a labour most painful to the patient and troublesome to the surgeon, and fulfils no object whatever. Do not allow the edges of a divided fistula to unite at once, but after twenty-four hours there is not much danger of that. Keep a little oiled lint or cotton wool within the edges for twenty-four hours, and leave the parts alone afterwards. Keep the bowels locked for a day or two, and then give an enema and clear them out. Afterwards keep the bowels regular, and every now and then have a little red lotion injected into the fistula.

There are other modes of treatment of fistula besides the knife which deserve mention. You may divide a fistula with the ligature if you choose. The high fistula is that which is best treated in that manner. A wire ligature may be used, or the special instrument devised by Mr. Luke some years ago. The treatment by the ligature has been rather quacked, that is the misfortune. "Treatment without cutting" means treatment by the ligature. It is a much longer proceeding, and, unless for some special reason, I should always have recourse to the knife.

There is a question about operating on patients subject to phthisis. No doubt there is a tendency among phthisical persons to suffer from fistula of the anus; and the question commonly arises, Ought they to be operated upon? It does not do to lay down the law too broadly. If it is a case of early phthisis, and the fistula is a source of annoyance to the patient, I should decidedly operate. If, on the contrary, the lungs are riddled with abscesses, and the patient is going into the last stage, it would be madness to think of such a thing. If you did, the sinus would not heal up, and the operation would simply add to the patient's discomfort. In early cases it is different. The fear of throwing the disease upon the lungs has almost died out, and we no longer hesitate to relieve a tolerably healthy patient from a troublesome and depressing malady. A young man decidedly phthisical, on whom I operated two years ago, has just returned from the Cape with the fistula perfectly sound.

We come next to an affection which is very troublesome both to the patient and to the surgeon—viz., pruritus: troublesome itching about the anus. It may arise from various causes. No doubt indigestion is a frequent cause, the patient having eaten food that disagrees with him. Or it may arise from local causes; and if this is the case, so much the better for the surgeon, because he can probably get rid of them. Ascarides—the ordinary thread worms—will sometimes set up intolerable itching about the anus; and it is a mistake to suppose that you do not meet with them in the adult. The treatment is simple: get rid of them by some injection of quassia or common salt, and you cure the patient. But it may also arise from other causes which may be got rid of, as, for instance, pediculi pubis, familiarly known as "crabs," which creep to the anus, and keep up the irritation in the same way as do the ascarides. They are readily got rid of with mercurial lotion.

The cases in which there is no local cause and yet intolerable itching, are much more difficult to treat. The most important things are to attend to the general health and to use sedative applications to the anus. The greatest cleanliness must of course be insisted on. Piles are sometimes a cause of pruritus. You may find the anus and the parts about irritated by constant scratching. As far as I have seen, they present no marked peculiarity. I notice, however, that Mr. Allingham, in his recently published book, calls attention to the absence of pigment as being a pathognomonic sign of pruritus ani. It may be so, but I have not myself remarked it. He says that if he finds patches of white skin slightly discoloured in the neighbourhood, he is perfectly sure that he has a case of pruritus ani to treat. Unfortunately the universal experience is that pruritus is most difficult to treat, and you may try every variety of sedative lotion or ointment without giving your patient much relief. I think I have seen benefit from the use of a lotion containing borax and vinum colchici, of each one ounce, in a pint of decoction of poppies, but I should be sorry to say that this was infallible.

ON PARALYSIS, CONVULSION, AND OTHER NERVOUS AFFECTIONS IN SYPHILITIC SUBJECTS.

BY THOMAS BUZZARD, M.D.,
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EVERY medical practitioner, it may be assumed, is acquainted with the fact that persons who have, at one time or other in their lives, become affected with constitutional syphilis may some day exhibit symptoms of nervous disorder which are referable to this infection and curable by specific treatment. So much has been published upon this subject that I should shrink from the responsibility of adding to its literature, but for the circumstance that this pathological association (and consequently its important bearing upon therapeutics) is very far from being generally remembered. My hospital experience especially leads me to say this. It is of very frequent occurrence that patients present themselves for advice who are suffering from some form of nervous affection dependent upon syphilis, who have already received all kinds of treatment except one directed to the basis of their disorder, and who recover or are more or less benefited when specific remedies are adopted. All hospital physicians will have remarked how common is such a story. In the treatment of these disorders an early application of appropriate remedies is of the greatest importance, and frequently, it is certain, makes all the difference between cure and the continuance of irreparable injury. So that if I do no more than call attention to the subject, and fail to add much that is important to what has already been written about it, my remarks may serve some useful purpose.

When we see a child who is anasarcous, and has albuminuria, our thoughts immediately turn to scarlatina, and we inquire whether the patient has lately had a sore-throat. We do not expect necessarily to find at that time any external mark or indication of the antecedent fever. We know that the anasarca is a common sequel of scarlatina, and, ninety-nine times out of a hundred, we are right in supposing that the child has suffered from that disorder. Here is an association of ideas which is always present to every medical man, and in this case constantly leads him to a right conclusion. Now, it seems to me that the possibility of a similar association in respect to syphilis ought to find its place in the investigation of every case of nerve disorder. I need scarcely say that the analogy will not hold good as regards the frequency of the connexion between nerve disorder and syphilis. That is manifestly impossible. It is evident that all kinds of circumstances may place the probability of such an association out of the question, and I need not dwell upon these. But we should especially remember that, just as in the case of the anasarcous child we are content with the history (often brought out only by our own questioning), and require to see no mark of scarlatina, so in cases of syphilitic nervous affection, we must not expect to find in the patient any definite sign which would necessarily prove the syphilitic nature of his malady. I cannot help thinking that an error in this respect is at the bottom of the frequent defects of diagnosis which occur in the examination of these cases. The medical man has read of syphilitic diseases of the nervous system, and expects, for some reason or other, that when such a case presents itself to him it will bear unmistakable marks of its peculiar origin. Called to a patient who has lost the use of his limbs on one side of the body, or who is in convulsions, he sees what is clearly to his mind a case of paralysis or epilepsy, differing in no respect, so far as he can observe, from other cases of these disorders which he has watched. There is nothing to suggest syphilis, and, unlike what happens by reason of the bond of connexion between anasarca and scarlatina, his experience in this instance has not taught him how frequent is the association of loss of power, or convulsion, with antecedent syphilis. I think it cannot be too distinctly affirmed that, although the concurrence of various symptoms and circumstances renders easy now and then a correct diagnosis of the syphilitic origin of a nerve disorder even without the help of the patient's history, yet that there are no pathognomonic signs as yet definitely ascertained which will point conclusively, without the aid of the history, to the specific nature of the case. The lesions which result from syphilis affect the machinery of the nervous system like the lesions which are produced by many other causes. The wheels of a watch may be stopped as well by the intrusion of a hair as of a piece of grit, and it is only the knowledge of the conditions to which the instrument has been exposed which will enable us to decide which of these substances is the probable source of the resulting breakdown.

But although the individual symptoms carry with them no conviction as to the specific origin of the disorder (because they are but symptoms of some lesion or other affecting portions of the motor or sensory tracts), the peculiar grouping of such symptoms may lead of itself to a probability but little short of certainty. The following case, which occurred in my practice at the hospital in 1870, affords a good illustration of this, as well as of other points upon which I have touched, or hope to notice on another occasion.

A man, aged thirty-nine, was wheeled into the consulting-room on a chair, being unable, except in the slightest possible degree, to move either leg. Neither could he lift his right arm, and his face also was partially paralysed on the right side. He had great trouble besides in expressing himself, being constantly at a loss for the right word. A touch was felt very imperfectly on the right side of face and arm, and on both legs. There was incontinence of urine and of fæces, as well as absolute impotency. He was very cachectic in appearance. During a voyage to England five months previously he had complained of extreme weakness, which gradually merged into a definite loss of power in the right leg, and was accompanied by incontinence of urine. Two months after his arrival in this state, he suddenly became paralysed in the right arm and face, and a week after this his left leg began to lose power, until it became as much paralysed as the right. The left arm was the only limb left unaffected. He had been under constant medical treatment, which included, as I ascertained,

strychnia, iron, and quinine; but had uninterruptedly grown worse. Finding, on inquiry, that seven years previously he had suffered from a chancre for which he took mercury till his teeth were loose, and which was followed by sore-throat but by no skin eruption, I at once gave him iodide of potassium. In a month he could walk a mile with the help of two sticks, and could hold his urine for a short time. In another fortnight he could walk a little way without sticks, and a month after this he could manage four miles by the help of a stick. His reproductive powers had returned, and he had much more command over his bladder and sphincter ani. Six months after his first visit to the hospital he had almost entirely recovered his usual health, could walk six miles "at a spell," and more than that in the day. His grasp was equal and perfect with either hand. There was still a little hesitation in speech, but he had ceased to employ the wrong word. There was also some slight remaining weakness of the sphincter ani. He told me he could feel nothing the matter with him, and was about to start for one of the colonies. I advised him to resort to the iodide (of which he had taken thirty grains daily for six months) in case he felt any tendency to a return of his ailment.

This man must have had a double lesion—one situated in the district of the left middle cerebral artery, and the other in the sheath of the spinal cord, most likely in the lower dorsal portion. Leaving the previous history of the patient and the results of treatment out of the question, this pathological condition alone pointed to interrupted communication in various parts of the sensory and motor tracts. Now, as regards the intracranial lesion, the resulting symptoms were consistent with softening consequent upon embolism of the middle cerebral artery, or with cerebral hæmorrhage in the region supplied by this vessel, or with pressure from some growth. But the lesion of the cord, if it were not dependent upon a partial myelitis, must be caused by some form of tumour, cancerous or otherwise, and the improbability of the almost coincident appearance, in a man of this age, of tumours which were not syphilitic in two parts of the cerebro-spinal axis, would practically decide the question. On the other hand, there would be nothing at all inconsistent in the occurrence of gummatous tumours about the same time in various portions of the cerebro-spinal membranes. The history, however, and the excellent recovery from an exceedingly grave state under iodide, left the nature of the disease in no manner of doubt.

I hope to be permitted, in another paper, to illustrate some other phases of nervous disorder consequent upon syphilis.

A CASE OF

REMOVAL OF THE WHOLE OF THE LOWER LIP FOR EPITHELIOMA, WITH RESTORATION BY CHEILOPLASTIC OPERATION.

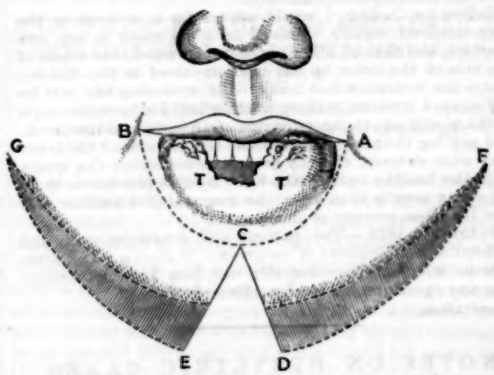
BY JOHN EWENS, L.R.C.P. & L.R.C.S. EDIN.

REPORTS of cheiloplastic operations are sufficiently rare to induce me to think that an account of the following case may prove interesting. In THE LANCET of August 1st, 1868, will be found the details of a similar case, on which I operated about six months previously. At the expiration of nearly five years the case still remains a most successful one. The man, aged eighty years, is in the enjoyment of excellent health, and his artificial lip is all that can be desired for articulation, retaining saliva, protecting the teeth, &c. In the case I now relate the disease had advanced to a much greater extent in much less time, aggravated, I have no doubt, by the irritating applications of a female, under whose care he had placed himself for more than a year.

Conservative and restorative surgery justly claims a peculiar interest in the practice of every intelligent surgeon; and I know nothing more gratifying than to be enabled, by the excision of a diseased joint or the removal of necrosed bone, to save for a portion of its functions a limb which otherwise must remain practically useless, if not dangerous to life; or by the restoration of any portion of the face, removed on account of incurable disease, to render it useful, comparatively ornamental, and at least preferable to an ugly chasm, more particularly when applied to operations on the lower lip, the integrity of which is essential for so many obvious purposes. Having this object in view, and being encouraged by the complete success of my former case, I determined to give this patient the benefit of the operation, although, from the greater extent of the structures involved by the disease, more difficulties presented themselves.

Mr. B. A——, aged sixty-five years, looks much older, has always enjoyed good general health, but has a sallow look; moderate smoker; has an extensive epithelioma, involving the whole of the lower lip, a considerable portion of which is destroyed by ulceration. The disease has existed upwards of two years, commencing a little on the left side of the mesial line, and gradually extending until it involved the whole of the lower lip, and at the present time not only its free portion, but the subjacent structures close to the bone are affected with the disease almost to the chin. The appearances aptly correspond with Mr. Wood's description of "cancerous phagedena" in his admirable lecture on Epithelioma in a late number of THE LANCET.

The nature of the operation for removal of the diseased parts and that for restoring the lip having been fully explained to the patient, with the risks attending it, and the possibility of the disease returning, he willingly assented; and on July 25th, 1872 (assisted by my friend Dr. Fielding, of Milton Abbas), under the influence of chloroform, I operated in the following manner:—The arteries being well controlled on both sides by the pressure of the finger and thumb of assistants, and the diseased part firmly seized by my left finger and thumb, a free incision was made through the mucous membrane at the angle of junction between the lip and gum, and carried downwards as far as necessary to isolate the tumour (T, T), which was then removed by an incision from one angle of the mouth to the other, in the course of the line A, C, B. Incisions were then made in the course of the dotted line C, D, F, and C, E, G, the shaded parts re-



presenting the skin beneath the chin. The flaps were dissected up and united (the upper borders parallel with the line A, B) in the median line by three hare-lip pins, the lower one also transfixing the apex of the triangle (C, E, D), which was slightly liberated from the subjacent structures, and thus received between the flaps, forming a means of attachment and support for them. The bleeding soon ceased, and only one vessel required ligature, torsion being sufficient for the rest. The parts were dressed with carbolic oil, the chin well supported with a bandage passing over the head, and strips of lint were placed between the new lip and lower jaw, also in the triangular spaces left by the flaps being dissected up, for the purpose of preventing too early cicatrisation. Rapid healing took place, and the general health improved, the patient being well supported with eggs, milk, and brandy, and the parts carefully syringed after each administration of food.

The only thing worthy of note in the after-treatment was the necessity of slitting up a sinus which formed in the course of the upper pin, which was not taken out until the fourth day; also the growth of some unhealthy soft

granulations near the corners of the mouth, evidently caused by tartar on the teeth. These speedily subsided on removal of the exciting cause, with applications of nitrate of silver and interposition of dry lint.

The patient living five miles distant from my residence, I was obliged, after the first week, to entrust the occasional dressing of the wound to his son, and rather more adhesion between the new lip and gum occurred than I had intended, but a fair amount of movement of the new lip is obtained, and with an effort the mouth can be completely closed. The moustache and beard are now (October 31st) grown, and he has lost the sallow complexion before mentioned. The parts are perfectly firm and healthy, and not the least pain or inconvenience is felt. No dribbling of saliva has occurred from the commencement.

I would earnestly urge the importance of early removal, by the knife, of suspicious growths about the lips, and the fallacy of trifling with them by such injurious applications as caustics; several of the cases which have come under my notice having been thus aggravated, and a more extensive operation thereby rendered necessary. Besides, admitting that powerful caustics may occasionally eradicate the disease, I submit it as a question for consideration whether the pain, to say nothing of the annoyance and trouble of repeated applications, is not, on the whole, much greater than that caused by one rapid and comparatively simple operation by the knife, especially under the beneficent influence of chloroform.

The freedom from pain in the after-treatment of the case was very marked, and can, I think, only be attributed to the specific action of the carbolic oil on the sore parts, the patient never once complaining of the dressing of the wound. This I have noticed in other operations involving a larger extent of granulating surface.

I think it highly important also, and shall see to it in any future case, that the teeth should be carefully cleansed from tartar before or at the time of operation, as there cannot be a doubt that the healing of the wound was retarded two or three weeks from this cause, and at one time gave me some cause for anxiety.

Before concluding, I would advert for a moment to the very excellent results obtained in some cases in my own practice, and that of other surgeons, in which the whole of one side of the lower lip has been involved in the disease, where the operation has consisted in removing the part by a V-shaped incision, making another incision from the angle of the mouth about three-fourths of an inch into the cheek, and uniting the mucous membrane and the skin of the lower part with sutures, thereby greatly diminishing the strain upon the healthy half of the lip. By this process no more deformity results than after the removal of a smaller section for a less amount of disease.

February, 1873.—The patient still continues well, and without any indications of recurrence of disease; and some persons who have accidentally met him have not noticed that any operation has been performed.

Cerne Abbas.

NOTES ON OBSTETRIC CASES.

BY THOMAS SAVAGE, M.D., F.R.C.S.,

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THE following is a short and rather rough record of 1400 midwifery cases which have been attended by me in continuous succession, at or nearly at the full term. Of these, 1437 children were born—viz., 778 males and 659 females. Ramsbotham gives the proportion of males to females as 51·736 to 48·264 per cent. Thirty-five cases were twins and 1 triplets. Of the 1400 women, 285 were primiparæ, or about 1 in every 5. Nine maternal deaths occurred. Of the children, 1398 were born alive and 39 still-born, or about 97½ per cent. alive and 2¾ per cent. still. Ramsbotham gives children born living as 96·3 per cent., and still-born 3·7 per cent. No notes have been taken of the diseases of the puerperal state, though there was the usual complement of such, as milk fever, mammary abscesses, metritis, ovaritis, parametritis (which occurred in one instance), peritonitis, and the generic disease known as puerperal fever. The diseases of pregnancy were not noted. The effect of sex in children upon their being born alive or still is seen by the fact that there were 39 still-born, of which 21 were males and 18 females. A return has been published showing that they are as 140 males to 100 females. Sir James Simpson says that of the children that die in utero, and before the commencement of labour, as large a proportion are females as males; and he gives as his sixth proposition, in his remarks on Fœtal Dystocia, that of those children who are born alive more males than females are seen to suffer from the morbid states and injuries resulting from parturition.

The average duration of labour may be taken to be agreed upon by all to be longer with males than females. In this series this was not observed, except what appears from the instrumental deliveries, where there were 129 male to 91 female children. The duration of labour is also influenced by the position of the presentation in vertex cases; as, where it was occipito-posterior, of which there were 19 instances, the forceps were used 12 times (6 males and 6 females), and of the 6 born by natural efforts 1 was male and 5 female. These instrumental deliveries may be taken as a guide as to duration; for, whatever may be the views of any particular practitioner as to using artificial aid, sooner or later, in the second stage, it would always be the case that forceps would be applied in those that were the more tedious, even though in the one case they were used early, or, in the other, deferred until exhaustion had set in.

Interspersed among these 1400 cases, but not included with them, were 53 premature deliveries, with 41 male and 14 female fœtuses, 2 being twin cases. Those were called premature where the sex was easily distinguishable, but where the child was not viable—viz., at about or under the 224th day.

There is little to say of the use of ergot. In the earlier cases I used it pretty frequently, and the forceps less; but of late I have almost entirely discarded it as a means of accelerating delivery, having much more faith in the greater certainty and safety of the forceps. A case occurred recently which appeared to justify its condemnation. A woman, in labour with her eighth or ninth child, with dilated os and large roomy pelvis, was in a state of inertia; the child was distinctly felt by her immediately before her draught of two drachms of ext. ergot. liq. The uterus was almost at once set into contraction, and in about twenty minutes an asphyxiated dead child was born. Of course, these remarks do not apply to ergot as a therapeutic remedy or to its action on the uterine fibre, but merely to its administration before delivery where there is no fear or prospect of hæmorrhage, and where the application of the forceps would at once accomplish delivery.

Chloroform was rarely given in the cases that progressed satisfactorily, except at the urgent solicitation of the patient, although in many of the operative cases, where it was deemed advisable to lessen shock, it was pushed to the surgical degree. When given, it was given pure, and not mixed with either ether or alcohol. There seems to be a very general feeling in its favour in midwifery at the present time. I cannot speak personally very much of it, as I feel a little prejudiced against it, and so have not resorted to it as many practitioners do in the natural cases. I have been inclined to think that it disposes to flooding, and I know this opinion is shared by many.

The vertex presented 1366 times in the 1437 births, being, as is well known, far more frequent than any other presentation. It would seem quite impossible to diagnose the exact position of the head, according to Naegele's division, in every case of labour attended, taking them successively, though in many cases it was easily made out, and it was constantly seen that the first position was by far the most frequent—viz., with the long diameter of the head in the right oblique pelvic diameter. In many of the occipito-posterior cases it was difficult to say what caused the delay, when the vertex was at the brim, where the pains were active, and where no great disproportion existed. Of these latter there were 19, 8 male and 11 female children, forceps being used in 12 and craniotomy in 1.

The breech presented 31 times, or about 1 in 47⅞ cases. Dr. Meadows gives their frequency as 1 in 52¼ cases. Of these 31, 24 children (10 males and 14 females) were born alive; and 7 (3 males and 4 females) were still-born. The

deaths were therefore as 1 in 3½. Dr. Meadows gives them as 1 in 3¾. The positions, whether abdomino-anterior or abdomino-posterior, were not noted.

The feet presented, one or both, 18 times, or about 1 in 80 cases. Dr. Meadows gives 1 in 90½. Of these 18, 11 children (8 males and 3 females) were alive, and 7 (1 male and 6 females) were still-born; the deaths were therefore as 1 in 2½ cases. The above-named author gives them as 1 in 2⅔ cases.

The shoulder presented twice, both males, alive, after version; the arm once, a male, alive, after version; the face 7 times—1 forceps case and alive, 5 naturally and alive, and 1 forceps case still-born; the funis 4 times, all still-born.

There were 35 cases of twins, or 1 in 40. Dr. Churchill gives 1 in 76½, and triplets as 1 in 6000. Of these 35 cases 15 were both male children, 7 were both female, and 13 were male and female. This excess of twin males, and of mixed sexes being in excess of twin females, is in accordance with what Dr. Meadows gives in his manual. The delay in the birth of the second child was never allowed to go to any extent, and the forceps, bandage, and ergot were used to expedite matters in the order named. In 19 of the 35, both the children presented with the vertex, in 6 vertex and breech, in 7 the vertex and foot, in 1 both feet, in 1 vertex and shoulder, and in 1 breech and arm.

There was 1 case of triplets, in a mother eight months pregnant; the children were all male and still-born.

Of the placenta prævia cases, 8 in number, there were 2 of P. lateralis and 6 of P. centralis. Version was performed in all. Of the children 4 males were born alive, 3 males were still-born, and 1 female still-born. Three mothers died, the usual proportion of maternal deaths being about 1 in 3. One died a few hours after delivery, apparently from shock; the two others had been under the care of ignorant midwives, and were not visited until it was almost easy to say that, although delivery must be accomplished, yet it would be too great a shock to the system for the patient to rally from. Surely such instances as these are a cogent argument for giving to the very poor skilled assistance at their confinements in the shape of educated midwives. There was no difficulty in any of them in procuring dilatation of the os; should such arise where delivery is imperative, I can conceive of nothing better than the use of Barnes's bags for the purpose.

Podalic version was performed 16 times: 8 children were born alive and 8 still-born; 8 were for placenta prævia; 2 for shoulder-presentation, both children being born alive; 1 was arm-presentation, child alive; one arm and funis, child still-born; and 4 were vertex. One of these was a case of cephalhæmatoma, a large sanguineous tumour which rendered delivery by the natural process apparently impossible. The operation was performed with the left hand in all cases, aided by the right applied externally to the abdomen. In the one arm-presentation the leg first seized was the one opposite to the presenting arm; in the other cases one or other foot, as appeared most convenient, was brought down. On a future occasion I should certainly endeavour to adopt the plan recommended by Dr. Barnes—namely, that of first bringing down the opposite knee, as being the easiest and most accessible, and using the left or right hand according to the position of the child.

Of cephalic version and of bipolar version I am unable to speak.

According to Dr. Churchill, version takes place in about 1 in 220½ cases, and fœtal deaths are rather more than 1 in 2½. In this series version was performed in about 1 in 90 births, and fœtal deaths were as 1 in 2.

In 3 of the vertex presentations version was certainly performed as an alternative for craniotomy. Sir J. Simpson proposed this operation, upon the theory that, the bimastoid diameter of the head being less than the biparietal by half to three-quarters of an inch, it is easier to drag the head through the pelvis feet foremost than for the uterus to push it through; since also the uterus contracting upon the head causes the biparietal diameter to bulge out laterally, and so to render the disproportion greater; while if the incompressible bimastoid diameter be pulled through first, traction only causes the compressible biparietal to be elongated, and so renders delivery easier. The whole subject is gone into in Simpson's obstetrical works.

Perforation of the fœtal head was performed three times; in 2 of these instances the head was delivered by means of the craniotomy forceps, and in 1 cephalotripsy was had recourse to. The experience of these three cases has led me to form the following opinions: first, that the mere fact of diminishing the capacity of the fœtal head does not necessarily render the subsequent delivery at all times an easy matter (in one case the child was extracted with the greatest difficulty, and the mother died of shock); and, secondly, that the cephalotribe is a most useful addition to the obstetrician's armamentarium. When the head is high up at or above the brim, with the cephalotribe applied well over the base of the skull, a few turns of the screw will crush it wholly, and then with an appropriate slight rotation it will draw it down. Dr. Hicks says that when the head is low down the cephalotribe is not so good as the craniotomy forceps or crotchet. From my experience of it in this one case, I should certainly have recourse to it again after perforation.

In these 1437 births the forceps was applied 220 times, or about once in every 6½ deliveries; and, as regards the sex of the children, as follows—129 to males, and 91 to females. This is remarkable as showing the influence of sex in causing delay, as the same rules applied in all cases, as far as possible, as to the propriety of its use—i. e., when the second stage of labour ceased to be actively progressive. And the cases in which still-born children were delivered after forceps also show the same thing. There were 9 of these, of which 1 was a female and 8 were male infants. Three of these deaths were unmistakably due to delay; they were cases to which I was called after the head had been subjected to prolonged pressure.

There seems to be quite a change in the feelings of obstetricians in regard to the use of the forceps; while formerly, and that within the experience of our older practitioners, the forceps was used on very rare occasions. In the statistics of the Royal Maternity Charity of London for the years 1828 to 1850 inclusive—viz., twenty-three years—it was had recourse to seventy-three times in 48,096 deliveries, or about one in 670 cases; and craniotomy was performed almost as frequently—viz., sixty times. We find that, now so much relief is gained to the patient—so many children saved, especially in first cases—and also (though perhaps some may object that this should be taken into consideration) so much of the time of the accoucheur is saved by a timely and judicious use of the forceps,—all are agreed that it may be advantageously used more often than formerly. The cases where its use is indicated may be where, after the os uteri is dilated, there is delay through inertia of the uterus, from whatever cause; obstruction from very slight pelvic contraction or very slight rigidity of the soft parts, as in primiparæ; and there is no great disproportion between the fœtal head and the passages. Of course I am not speaking of those cases in which all would agree in its immediate use, such as convulsions, hæmorrhage, or any complication necessitating immediate delivery. Some practitioners have, I believe, published the result of their practice showing a more frequent use of the forceps than is given in this series. I am every year more and more convinced of the advantages gained by such practice. Patients on subsequent occasions will frequently ask for its use again; and I have not seen the ill effects which are said to arise in consequence, such as ruptured perineums, lacerations of soft parts, vesico-vaginal fistula, or puerperal fever. The only case where the perineum was torn through the sphincter was a primipara, in whom the forceps was not used; and I firmly believe that in the slighter forms of laceration the perineum is less likely to be torn with the forceps than without, always supposing traction to be made in the direction of the axis of the pelvic outlet; and the same may be said in reference to vesico-vaginal fistula, for experience goes to show that the fistula is caused more often through sloughing from prolonged pressure than from injury from instruments; as Sir J. Simpson remarked, that the involuntary flow of urine generally comes on a few days, more frequently than immediately, after delivery.

One symptom, apart from exhaustion, which has influenced me as to the forceps being required, was when the uterus came to be in a state of constant contraction, so as to give no interval of ease between the pains, with the head pushed down, and not receding; the patient being in a state of pain all the time, something similar to what is often induced by giving ergot when it fails to effect the purpose for which it

was administered. The instruments that were used exclusively have been Ferguson's short straight forceps, and Robertson's long ones, with a double or pelvic curve.

In about three cases only has very great force in traction been used, nearly all the children being born very easily; so much so that I regard it, as others with greater experience have before me, that more is to be done by using judiciously the great power at our command than by applying greater force without judgment.

It is pleasant to have one's own views confirmed on this subject as was done in an able article in THE LANCET of the 26th of October of last year; the concluding paragraph of which is—"The timely use of the forceps, shortening the second stage of labour, is the great practical improvement in recent midwifery." And at a recent meeting of the Obstetrical Society, in a paper "On the Registration of Still-births," reference was made by Mr. Lowndes to the more frequent application of the forceps as a means of diminishing the number of still-born children.

Retention of the placenta occurred three times: in one of which hæmorrhage occurred, but not to any alarming extent; and in another the flooding was continued until the patient was on the point of sinking, but ceased on abstraction of the placenta, the cause of it all.

Convulsions occurred once only. They came on before full dilatation of the os; and there was no repetition after delivery, which was allowed to go on to conclusion by the natural efforts. I have seen, in consultation in other practices, two other cases, both of which did well, the convulsions continuing after delivery; one was subjected to venesection.

In one instance I was called to a woman who had had several children, and was said to have ruptured a blood-vessel. I found her on the ground quite dead, and surrounded by an immense pool of blood, which was ascertained to have proceeded from a varicose vein of the leg, which had given way. She was in the last month of pregnancy. After making sure of her death I made an abdominal section, and extracted the fœtus. The cord was pulsating; but I failed to establish respiration. The neighbours computed that it was about fifteen minutes from the first commencement of the bleeding until the birth of the child.

Several anomalous cases occurred, such as of incision of the os uteri for rigidity. This was in a pluripara, who always had had tedious labours, and the attendant had applied the forceps and endeavoured to extract through a rigid os, a little larger than a crown-piece, which would not give way. No other means had been adopted, such as chloroform, opium, &c. When I saw her I made two small incisions anteriorly and posteriorly through the os on a director. The head was at once brought into the world by forceps, and the patient did well. Three cases of anencephalous fœtuses were born. In one a very large amount of liquor amnii was present, so much so as literally to drown the bed. This is what has been observed in other cases, and is mentioned by Ramsbotham. One very large child was born, a male, 14 lb. weight, and 26 in. in length from vertex to end of great toe; the shoulders were so long in being extracted that it was still-born. These figures correspond to what Dr. Guy gives as maximum for children at full time, the average being 6 lb. 11 oz. weight, and 19 in. in length. A long funis was seen once, a male child. It was 3½ inches, and was twice round the neck. In one case the funis was tied in a close knot about four inches from the umbilicus, but not tight enough to compress the vessels, the child being born alive. Dr. Tyler Smith says: "When the cord is long, and the amount of liquor amnii considerable, it is easy to conceive that the fœtus may, by its own movements, or the changing position of the mother, pass through a loop in the cord, and thus form a knot."

Two of the mothers had an attack of small-pox supervene, one the second day and the other the third day after delivery. Both did well. Another during her lying-in went through an attack of scarlatina, with sore-throat, rash, and subsequent desquamation. She did well.

Apology is needed for the scanty details here given. It is due to the cases having been only registered in the small compass which is allowed in Smith's ordinary Visiting-List, without at the time the slightest thought of putting them together in the shape of statistics.

Birmingham.

A Mirror
OF
HOSPITAL PRACTICE,
BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

ST. THOMAS'S HOSPITAL.

CASE OF EMPYEMA OPENING THROUGH THE LUNGS.

(Under the care of Dr. PEACOCK.)

A VERY interesting case of what is generally understood to be a rare result of pleurisy—the evacuation of the fluid through the lungs—has recently been under the care of Dr. Peacock. The particulars are as follows:—

J. W——, a married woman, aged thirty-three, admitted Dec. 9th, 1872, after having been ill for two months. Her indisposition commenced with shortness of breath, pain in the left side, cough and expectoration; and she had become much prostrated and emaciated. On examining the chest, there was found to be marked dulness and absence of respiration over a considerable portion of the left side, and a loud ægophonic twang was heard with the voice at the upper level of the dull space behind. From these signs it was evident that there was effusion into the left pleural cavity. On Dec. 17th, it was stated, she had had severe attacks of coughing at intervals, and at the end of the paroxysms had expectorated a considerable quantity of matter. The expectoration was in the form of distinct masses of pus, which were free from air, but were enveloped in ordinary bronchitic sputum containing large air-bells. The patient's breath during the fits of coughing had the very offensive odour characteristic of gangrenous lung; and on examining the chest there was found to be an obscure tympanitic resonance on percussion, much resembling the "cracked-pot" sound, about the lower angle of the left scapula. With the cough, and when she drew a full breath after the fits of coughing, a cavernous sound, with some gurgling, was heard in the same situation. From these symptoms and signs it was concluded that the effusion in the pleura was in process of being evacuated through the lungs, and that there was a small escape of air into the pleural cavity. On the 20th the cough and expectoration continued, but the evidences of fluid in the left pleura were less marked, and the peculiar resonance on percussion, and the cavernous sound with the respiration and cough, could not be heard. On the 24th she still continued to expectorate the peculiar purulent masses, and there were slight signs of the entrance of air into the pleural cavity. Her general condition was, however, much improved. The following week there was but little expectoration, and a decided improvement in her general state. The signs of effusion in the pleural cavity were only slightly marked, and respiration was feebly audible over a large portion of the left side. Since that time the improvement has been steady and marked, the cough and expectoration have entirely ceased, and the respiratory sounds have returned over the whole side; and, except having some slight remains of dulness and a little contraction of the side, the patient, though still retained in the ward, may be said to be quite well.

In reference to this case Dr. Peacock remarked that he believed that cases of empyema opening through the lungs were of more frequent occurrence than was generally supposed. Indeed this was the third case which had been under his care at St. Thomas's during the last twelvemonth, and he had had a case also at the same time in the Victoria-park Hospital.

The first impression which he formed of the present case was that the effusion on the left side was probably the result of perforation of the lung in early phthisis, but his subsequent observations did not confirm this view, and he concluded that the empyema was unconnected with pulmonary disease of a prior date. He had repeatedly and carefully examined the chest without finding evidences of disease in either lung. The case was especially remarkable as showing that an empyema might make its way through the lung and be expectorated, although it had probably not been of

long duration, and the accumulation was certainly not large. The mode in which the communication occurred and the appearance of the matter expectorated were very characteristic. There were first severe and prolonged fits of coughing, at the end of which the matter was expectorated, the sputum being in the form of large airless masses of distinct pus, enveloped in common bronchitic mucus, containing large air-bells, evidently derived from the bronchial tubes in the passage of the pus through the lung. The breath had the peculiar gangrenous odour when the patient first began to expectorate which is so often noticed in similar cases at the beginning of the evacuation, and which doubtless indicates the destruction of some of the lung-tissue when the pus first escapes from the pleura. There was also a slight entrance of air into the pleural cavity, but this, probably from the accumulation of pus in the pleura not being large, and from the opening between that cavity and the bronchi not being free, was never to a great degree, and rapidly disappeared. Indeed, the whole of the pus contained in the pleura seems to have been evacuated, and the lung to have recovered its natural condition, in about three weeks.

The case differed in its symptoms in some degree from cases in which there was a large accumulation of pus in the pleura. In such instances, though the expectoration begins in the same way as in the present case, the appearance of separate masses of pus soon gives place to sudden and large evacuations, which are brought up every few hours or few days in gulps, and the facility of escape into the bronchi is often so great that the expectoration is immediately produced by making the patient lie on the sound side. Indeed, the sense of suffocation and the violent cough caused by the sudden outpouring of the pus into the bronchi is so great that the patient often cannot lie on the sound side for even a very short time. In such instances also the opening between the pleura and lung soon becomes very free, and the air consequently readily enters the cavity, and yields very characteristic signs of the presence of air and liquid in the pleura; often also, when cases get into this condition, the symptoms and signs become very persistent, and complete recovery is with great difficulty effected. The two cases which had previously been in the hospital during the session were examples of such conditions; and in the case of the boy, after keeping him in for some months, the condition of the chest was not materially improved, though his general health was certainly much better. In the case of the female, in which the matter had also been evacuated externally through an abscess, the side got quite well for a time, all evidence of the entrance of air into the pleural cavity entirely disappeared, and the expectoration ceased for some months; but recently the cavity had opened again, and the probabilities of entire recovery were not great. In cases of empyema which have formed communications with the lungs, and are in process of expectoration, the question may arise whether it is desirable to puncture the chest. If there be a large accumulation in the pleural cavity, and if the difficulty of breathing be great and the matter is brought up only in small quantity and after prolonged and exhausting fits of coughing, Dr. Peacock would not hesitate to have recourse to paracentesis; but, under other circumstances, he would prefer leaving the case to nature. In one instance which occurred some years ago, the chest was punctured in a case of the kind, and the relief obtained at the time was great; but the patient ultimately died.

LONDON HOSPITAL.

COMPOUND DISLOCATION OF ALL THE METACARPAL BONES OF THE RIGHT HAND; OPERATION; RECOVERY WITH A SERVICEABLE HAND.

(Under the care of Mr. RIVINGTON.)

IT is well known that injuries are better tolerated, and more readily recovered from, in the upper limb than in the lower. The principles of conservative surgery may, therefore, be applied with better prospect of success in the former case than in the latter. The reason of this is partly that the upper limb has a better vascular supply, and partly that in cases of injuries confined to the upper extremity, a recumbent position not being necessary, the patient is able to take out-door exercise, and thus preserve his general health. It is, moreover, of great importance to preserve as much of the hand as possible, and especially the thumb. This, however, must not be done at the risk of endangering the patient's life by a long illness, and finally of leaving a stiff and useless member, of which the patient may subsequently be pleased to be rid. In reading over the notes of the following case, it is impossible not to notice a fact that we have on previous occasions referred to—namely, the rapid healing of wounds after the subsidence of an attack of erysipelas,—not that we doubt the good effect of the treatment that was adopted at the critical stage of the case.

S. W——, aged thirty-six, was admitted on the 23rd of December, 1870. He had slipped whilst crossing the street, and a van had run over his right hand, dislocating all the metacarpal from their carpal bones, and the first metacarpal bone both from the trapezium and the first phalanx. A ragged laceration extended obliquely across the palm of the hand near the centre, and implicated some of the flexor tendons. The superficial palmar arch was torn across and twisted. At the back of the hand, between the index-finger and the thumb, there was a laceration with protrusion of dirty, bruised, and pulpified muscle. The carpal end of the metacarpal bone of the middle finger protruded through the wound in the palm of the hand. At 2.35 P.M. the patient fainted from loss of blood. Mr. Rivington, who was shortly afterwards called to the case, removed the index-finger, which was cold and blue; the carpal end of the metacarpal bone of the middle finger, which protruded inconveniently; the metacarpal bone of the thumb, and some bruised muscle; brought the edges of the incision in the palm together with sutures, and ordered iced carbolic lotion (one in forty) to be constantly dripping on the part. The torn palmar arch had been tied, but the tourniquet was kept ready for application in case of secondary hæmorrhage from any deeper vessel. Forty drops of tincture of opium were administered. The patient slept pretty well the first night without suffering from pain or hæmorrhage. The opium was repeated.

For a week irrigation was continued uninterruptedly, but the excessive diligence of the nurse led her to syringe strong carbolic lotion into the wound in the hand and along the course of the tendons—necessarily a highly irritating application. On the 2nd of January the patient, who had been going on fairly, had repeated rigors, became anxious, slept badly, and experienced frequent pain in his hand and arm. His temperature rose to 104°, and his pulse to 140. On the 4th he began to wander. He scarcely recognised the dresser. He was under the impression that he had been poisoned, and had to be moved into another ward. He perspired profusely, the sweat constantly standing in large drops on his face. His respiration was hurried, and he had a cough with free mucous expectoration. The wounds began to look unhealthy, and were covered with a yellow coating which could not be cleansed. Inflammation of an erysipelatous character extended up the arm as far as the shoulder. The surface was red, with a defined margin, and pitted on pressure. Now and then he would be seized with fits of difficult breathing, and was obliged to bring into play his extraordinary muscles of inspiration. He became weaker; his pulse was small and compressible; herpetic spots appeared on his lips; his axilla became implicated; he continued to wander, and fumbled and picked at the bed-clothes; loud mucous râles were heard in the chest, and expectoration was profuse. Everything seemed to denote an unfavourable issue. Under these adverse circumstances a bath of Condy's fluid was ordered for the continued immersion of the hand and arm. Subsequently large poultices were applied, some sloughs separated, and a few incisions gave exit to a considerable quantity of serum.

From this time the patient's amendment was rapid. The inflammation and swelling of the limb subsided; appetite returned; lung symptoms disappeared. In a few days he was able to get up, with his arm supported on an angular splint, and dressed with wet lint and oil-silk. Passive motion was commenced, and would have been continued with a view to free the tendons at the wrist, but the patient was anxious to go home to look after his business. As he promised to have passive motion employed at home, and to come to the hospital occasionally, he was discharged. In March he came to show himself, and had then a very

shapely, indeed a comely hand, but with limited power of motion in the fingers. Towards the end of April he was written to, and his brother in reply said that his hand was likely to prove very useful, and that he was so well pleased with the result that he would be glad to come up and show his hand at any meeting of medical men. Soon afterwards he went away from his residence, and left no address.

Remarks.—The patient, having a great deal of writing to do, was extremely anxious that his hand should be saved, and quite willing to submit to any risk from inflammation which conservative surgery entailed. The primary treatment was directed to the prevention of inflammation, and probably would have succeeded but for the injudicious application of strong carbolic lotion. After the severe attack which he suffered it was scarcely expected that he would gain much use in his hand. The latest report, however, was encouraging, and it would have been interesting to hear the ultimate and complete result.

NAGPORE CITY HOSPITAL.

OSSEOUS TUMOUR OF THE LEFT SUPERIOR MAXILLA; REMOVAL OF THE BONE.

(Under the care of Dr. W. B. BEATSON.)

FOR the notes of the case we are indebted to Mr. J. Kishen Ghose, Assistant-Surgeon, Teacher of Anatomy and Surgery in the Nagpore School of Medicine.

S——, aged thirty-two, was admitted into the hospital on the 16th October, 1871. He stated that about eight years ago he fell out of a tree upon the left side of his face. The injured part became painful and inflamed, and was treated by a native hakim, who employed cupping without benefit. The jaw swelled, and an abscess formed, which was opened a year and a half after the accident. Portions of bone came out with the discharge, and the wound healed, but a hard swelling remained, which gradually assumed its present size and appearance.

The notes taken on admission say that the patient is a strong, healthy man of temperate habits. On the left side of the face there is a large globular tumour of very dense feel. It causes great deformity, distending the left cheek, pushing the mouth downwards, the nose to the right, and the eye slightly upwards. The skin over it is movable, except near the zygomatic process, where there is an adherent cicatrix. Within the mouth the hard palate of the left side presents a rounded swelling, not extending into the pharynx, but pushing the median raphé over to the right. The alveolar processes are absorbed, and the teeth loosened. In the nose the left nares are occluded and the septum pushed over to the right. Deglutition is perfect; the voice is altered in character, but respiration not interfered with. From the general aspect and feel of this tumour it was evident that entire removal of the growth beyond its limits was the only course to be pursued, and the operation was therefore performed by Dr. Beatson on the 15th of November in the following manner:—

The patient being seated in a chair and brought under the influence of chloroform, an incisor tooth was extracted. An incision was then made through the centre of the upper lip into the left nostril, and continued round the ala to near the inner angle of the orbit and below its lower margin to the zygoma, and the included flap dissected down; the alveolar process and the palatine arch were then divided by saw and bone-pliers, and the latter instrument applied to the internal angular and zygomatic processes, the contents of the orbit having been first raised and protected by a bent spatula. The tumour was then dislodged by forcible pressure with the hands downwards and outwards, and its connexions with the soft palate divided by a scalpel. There was very free bleeding from the facial flap, which was stopped by pressure and one or two ligatures, and a good deal of oozing that took place from the deep portion of the cavity was checked by the application of perchloride of iron. After being allowed to remain exposed to the air for some time, the cavity was filled with lint dipped in carbolic-acid oil, and the flap adjusted with silver-wire sutures.

The operation was made difficult by the violent struggles of the patient, although chloroform was fully administered; by the existence of the adherent cicatrix, which prolonged the dissection of the flap; by the excessive density of the bony points of union; and by the difficulty of manipulating the tumour, which could not be seized with forceps from its globular form and great density.

The mass was composed of solid bone about the size of a cricket-ball, and weighed thirteen ounces. It seemed to have grown within the antrum, and to have distended the maxilla and caused its absorption, traces only of the orbital and palatal plates being found on its upper and under surfaces.

On the evening after the operation there was much pain in the wound and forehead. The temperature was 102°, the pulse 124, and the respiration 28. He could take milk and soup, and was ordered half a grain of morphia.

On the 18th, all symptoms had been gradually improving, the lint was removed from the cavity and renewed; the discharge was very slight. Gradual improvement continued till the 25th, when there was profuse hæmorrhage in the shape of general oozing from the cavity, which very nearly exhausted him, but was stopped by plugging with lint dipped in perchloride of iron. He rallied, however, and continued to improve daily, and by the 5th of December was free from all untoward symptoms. By the end of the month the cavity had contracted greatly. Unfortunately there was a great tendency on the part of the cheek to sink into the cavity, which the most careful dressing could not overcome. This was due to the cicatrix, which gave so much trouble in the operation. It was unavoidably injured by the knife, and a further portion perished from its low vitality during the healing process. An opening consequently remained for some time below the orbit; the lower lid became drawn downwards and œdematous, and the eye inflamed and watery. An attempt was made at a later period to rectify this by detaching the edges of the cicatrix, but they were so dense that little good seemed likely to result from the proceeding, and it was therefore abandoned. It is satisfactory to be able to add that in the course of eight months subsequent to the operation a very considerable improvement has taken place, the hole in the cheek having completely closed. There is still lachrymation, but the conjunctival redness is much diminished, the eyelid less dragged down and very slightly swollen. A very slight loosening of the cicatrix, which may be hoped for in course of time, is alone necessary to set the eyelid free.

A few remarks may here be made on the operation for the removal of the superior maxilla. There can be no doubt that the line of incision adopted in this case is preferable to one extending from the angle of the mouth to the zygoma, which involves the division of arterial vessels at their largest calibre, and of trunk and branches of the facial nerve. Objection was raised to the median incision in this case from its involving the cicatrix below the orbit. The same difficulty in dissecting off the cicatrix would, however, have existed, and its own low vitality would have remained, whatever had been the form of incision. It will be observed that no incisions were made through the mucous membrane of the palate in the early stage of the operation. These are laid down as steps of the procedure in all our great works, but it must be obvious that they merely cause delay, and are of no value. In the final separation of the tumour the knife must be used on its posterior aspect, and neither at this time nor during the division of the hard palate with the nippers, could the operator hope to exactly hit the previously made limiting incisions.

LONDON INTERNATIONAL EXHIBITION, 1873.—The fourth meeting of the Committee on Surgical Instruments and Appliances took place on the 17th inst., at the Royal Commissioners' Offices, Gore Lodge, S W. The members present were—Mr. Cæsar H. Hawkins, F.R.S. (in the chair), Dr. P. Allen, Mr. R. Brudenell Carter, Mr. W. White Cooper, Dr. H. J. Domville, C.B., Dr. Arthur Farre, F.R.S., Mr. J. Hilton, F.R.S., Mr. Liebreich, Mr. J. Luke, F.R.S., Dr. A. G. Mackay, Mr. J. Marshall, F.R.S., Mr. T. W. Nunn, Dr. W. S. Playfair, Mr. R. Quain, F.R.S., and Mr. E. Saunders. The committee, after transacting the general business of the meeting, considered the applications (more than sixty in number) which had already been received. They adjourned until Monday, the 17th of March, the date of receiving the goods being Tuesday, the 11th of March next.

Medical Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, FEB. 11TH, 1873.

T. B. CURLING, F.R.S., PRESIDENT, IN THE CHAIR.

REMOVAL OF A NEEDLE FROM THE HEART; RECOVERY OF THE PATIENT.

BY GEO. W. CALLENDER, F.R.C.S.,
SURGEON TO ST. BARTHOLOMEW'S HOSPITAL.

THIS is the history of a man who for nine days followed his ordinary occupation, in pain and with discomfort, having a needle fixed in the tissues at the apex of the heart. On the ninth day, in consequence of his statement and in view of the pain he was suffering, an incision was made over the fifth intercostal space, and the broken eye of the needle was found on a level with the intercostal muscle. This extremity was seized, and the foreign body was withdrawn. The patient recovered without an unfavourable symptom. With this history the exact position of the needle in the wall of the chest is given, as also is that of its probable position in the heart; the movements of the foreign body, caused by those of the heart, are figured, and their measurements are added. Some remarks are made upon recovery and duration of life after somewhat similar injuries, and an appendix of cases is given in the form of a table.

The PRESIDENT asked Mr. Callender how he explained the pain the man felt on getting up at the end of the month; was it of a nervous origin, or a real pain subsiding after a day or two?

Mr. C. BROOKE asked if a magnet had been used in this case for diagnosis; he thought a needle of that size would have been distinctly indicated.

Mr. SMITH asked if the needle had entered one of the cavities, or was it only buried in the muscular substance of the heart. He thought the case was of importance to those who punctured the pericardium for the removal of fluid, as it showed that a wound of the heart might not perhaps be so dangerous as might *a priori* be supposed.

Dr. C. J. B. WILLIAMS said he had seen nothing like this in man; but when studying the heart's sounds he had often passed needles into the hearts of animals. The first effect was in every case violent action, which, after a time, moderated. There was always a movement communicated to the needle similar to that described; also a friction sound was constantly produced. He supposed in this case there was an adhesion of the pericardium at that spot. The case encouraged him to think that acupuncture of the heart might be employed in suspended animation, and the electrical shock passed through the needle as more likely to arouse the heart's action. It was worthy of notice that no disease of a severe character had followed.

Mr. CROFT thought that if the needle had passed one inch into the muscular substance of the heart it would have produced other symptoms than those mentioned; that it would have limited the movements, or, if not, would have lacerated the tissues through the to-and-fro movements. He thought the same movements would have been caused if the needle had projected free into the pericardium, and the heart had struck against it at each impulse. He related the case of a boy who came to St. Thomas's Hospital saying that a needle had passed into his heart and broken off there; his story was not believed, and he went away and died of pericarditis. At the autopsy the broken part projected into the pericardium, and had wounded the heart by its striking against it.

Mr. HULKE thought there was no difficulty in accepting all that was said in the paper. It seemed to him that the needle was free to move as on a pivot; there was no difficulty in supposing it to be held rigid by the muscular substance of the heart, and so would not lacerate the tissues. He had a difficulty in accepting the view that the needle could glide like a blunt instrument between the pericardium and the heart when there was no fluid between the two.

Mr. FAIRLIE CLARKE said he did not agree with the view that if the needle had pierced the heart it must have given rise to more severe symptoms. We knew that severe injuries to the heart, such as gunshot wounds, often produced such slight symptoms as not at first to point definitely to any injury of the heart.

Mr. CALLENDER said it was quite clear that the needle had passed into the heart; it passed through the intercostal muscles, and lodged in the heart, and swung as on a pivot, the intercostal muscles being the centre. Its movements were similar to those he had seen when experimenting on animals. It was interesting to notice, knowing how severe injuries to the heart are, how this man was able for nine days to continue at his work, only suffering from irritation of the intercostal nerves. He thought the pain the patient complained of when first he got up was due to nervousness. He could not say whether the needle passed into the muscular substance or into one of the cavities; he thought from its position and direction that it had passed into the former. He had not used a magnet for diagnosis in this case; he had done so lately on a child into whose knee-joint a needle had entered and been broken off; it did not succeed. He did not think much of its practical utility as a means of diagnosis.

CASE OF EXCISION OF THE KNEE-JOINT FOR DISEASE IN A WOMAN FIFTY-THREE YEARS OF AGE, WITH SUCCESSFUL RESULT.

BY FREDERICK J. GANT, F.R.C.S.,
SURGEON TO THE ROYAL FREE HOSPITAL.

The object of this paper is to lay before the Society the particulars of a case which may be regarded as a notable exception to the typical conditions of disease that are appropriate for excision of the knee-joint or other joints. The chief peculiarities are these:—The disease, chronic rheumatic arthritis of twenty-three years' duration, resulting in imperfect anchylosis, with partial dislocation of the leg backwards, corresponding malposition of the limb, and increasing tendency to displacement; the age of the patient, fifty-three years; excision as performed in relation to the state of the joint; firm union in seven weeks; complication of after-treatment by accidental attack of erysipelas affecting the whole limb without destroying the union; permanent result, and measurement of the limb five and a half months after operation.

In commenting on these particulars, the author was led to suggest the applicability of excision to a condition of disease which had not hitherto, he believed, been submitted to the operation, and at a more advanced period of life, thus comprising a larger class of cases, although of exceptional character; in the present instance the age of the patient being the most advanced in which excision of the knee had hitherto been practised, or at least recorded.

Since completing the history of this case, the author has found one other case in which excision of the knee-joint was performed by Mr. Curling for chronic rheumatic arthritis, and with a successful result, the patient's age, however, being twenty-three years.*

The PRESIDENT said the paper was of interest considering the age of the patient. The operation was not often performed for chronic rheumatic arthritis, for the disease rarely occurred or produced such changes as to require it. He thought few would care to undertake such an operation at such an age. Mr. Gant ought to be congratulated on his success, but one case would hardly allow one to say that the operation should be extended to persons at that age.

Mr. SMITH said that, looking at the excellent result, the age, and the history of the patient, one would hope that Mr. Gant would never do it again, for he might not have so good a result.

Mr. CROFT did not like to object to the operation at the age of fifty-three. He could speak of the good results of excision of the knee at St. Thomas's on patients between thirty and forty. Mr. Jones had recently operated successfully on a man for chronic rheumatic arthritis.

Mr. HOLMES said there was a report of a case of excision of the hip-joint for rheumatic arthritis at a greater age than Mr. Gant's—viz., fifty-six. He thought it was the only authentic case on record at an age over forty-five. The question of the advisability of the operation could not be settled by the experience of one case; because a patient recovered the practice was not to be universally accepted. The danger was considerably greater than from amputation, at every age and under every circumstance, whether the disease was chronic or acute. The question for general practice was the ultimate result. Was it worth while for a

* THE LANCET, July 10th, 1869.

patient to submit to extra risk in this operation in preference to amputation? In the present case the result, he thought, was still doubtful (he had not yet seen the patient) though she had recovered from the effect of the operation. Till she could use the limb freely the case could not be said to be complete. He should not like to do excision at such an age; from the statistics only eight out of twelve recovered of those over forty, and these were operated upon for chronic disease.

Mr. GANT, in reply, said he did not bring forward the case to establish the practice, but because it had been done for a disease for which it was not usually employed. Excision might be performed for acute disease, or where the patient was affected with the results of a disease, as for distorted limbs. The patient belonged to the latter class. As the limb was useless, and she suffered from repeated attacks of pain and arthritis, he thought he was justified in operating. There was now scarcely any motion perceptible in the knee, and remembering the severe attack of erysipelas she went through, and the early removal of the splints consequent upon this, he considered the result good.

(We saw the patient after the meeting, and found that the bone was quite immovable, and she could raise the limb freely. She had been getting about with a stick, but had, within the last month, slipped and sprained the ankle. We also saw several other patients on whom the author of the paper had performed the operation with the best results.)

SUCCESSFUL CASE OF GASTROTOMY IN EXTRA-UTERINE GESTATION.

BY LAWSON TAIT, F.R.C.S.,

SURGEON TO THE BIRMINGHAM AND MIDLAND HOSPITAL FOR WOMEN.

In the case of J. N——, aged twenty-seven, retro-uterine pregnancy was diagnosed on September 23rd, the child having arrived at the term and died about the end of the July previous. The operation was performed on Nov. 2nd, the section being much as in ovariotomy. After opening the sac the feet presented, and no difficulty was experienced in removing the child, except in extracting the head from the pelvis, in which it was deeply packed, and where it had contracted adhesions to the floor of its cavity. The edge of the wound in the sac was stitched to the edge of the peritoneal wound by a continuous suture, the peritoneal cavity being thus completely closed. The upper half of the parietal wound (its entire length being about seven inches) was closed by deep sutures. A syphon drainage-tube was inserted deeply into the pelvic cavity, and the whole was syringed out every eight hours with a solution of sulphite of soda. A fetid discharge issued from the cavity till about the eighth day after the operation, when it became purulent and was mixed occasionally with placental débris. Pieces of detached placenta were removed occasionally, together with fœtal hair which had become adherent to the internal surface of the cyst, and been detached from the scalp in removing the child, until Nov. 29th, when the great mass of the placenta was removed. After this the cavity rapidly closed, the part in the pelvis being quite obliterated early in December, and the whole shut up by the end of the month, leaving only a small sinus. The patient had a severe struggle with hectic.

The chief peculiarities of the case are—the absence of any "false labour" previous to the death of the child; the leaving the placenta undisturbed; and the peculiar method of closing the peritoneal cavity, and leaving the parietal wound partly open. To leave a communication between the cyst and the peritoneum is to run the gauntlet of pyæmia and peritonitis. Closing the parietal wound entirely must lead to similar results.

The operation, performed as in this case, would seem to have no greater risks than ovariotomy, and it is certainly preferable to leaving the cases to take their chance of discharging the misplaced fœtus by suppuration. If possible, the operation ought to be done near the term, and before the death of the child. If the latter condition cannot be obtained, the operation ought to be undertaken as soon after the death of the child as possible, to avoid the serious complications of adhesion between the fœtus and the cyst.

Mr. SPENCER WELLS thought the paper was of importance as showing that the placenta might be left and allowed to be discharged through the abdominal opening. This removed one of the great difficulties and dangers of the operation. From the account given, he thought that in this case the incision might have been made through the posterior wall of the vagina; it would have allowed more perfect drainage, and have imitated the natural process when the fœtus was spontaneously discharged, which was usually through the vagina or rectum.

Dr. HEYWOOD SMITH said there had recently been three such cases at the Hospital for Women, but all had proved fatal. In one case gastrotomy was performed and the placenta removed; the patient died from hæmorrhage and shock. In another, the placenta was left to be discharged through the abdominal opening; the patient died of peritonitis, which came on before the operation. He thought it was best to operate early during the life of the child.

MEDICAL SOCIETY OF LONDON.

MONDAY, JANUARY 27TH, 1873.

MR. THOS. BRYANT, PRESIDENT, IN THE CHAIR.

MR. THOMAS HARVEY HILL asked leave to make some remarks with reference to Dr. Thorowgood's treatment of obstruction of the bowel. Since the last meeting he had suggested the use of acetate of lead in combination with belladonna in a case of obstruction, and in twelve hours there was a profuse action of the bowels with complete relief.

Dr. SANSOM showed a patient who had been the subject of

EXTRA-THORACIC SUPPURATION, WITH DISCHARGE INTO THE LUNG.

R. B——, aged thirty-seven, applied at the Royal Hospital for Diseases of the Chest as an out-patient on Nov. 1st, 1872, suffering from debility and cough, with expectoration of much thick extra phlegm. Four years ago she had a miscarriage, and had never been well since, extreme languor and shortness of breath succeeding any exertion; and six weeks before her admission she noticed a swelling above the right collar-bone, recurring after a violent cough. Auscultation and percussion failed to elicit any evidence of general pulmonary lesions; but above the right clavicle there were obscure cavity sounds; close to their situation was a limited, oval swelling, evidently glandular; and below the clavicle a diffuse fulness was noted. The patient was admitted on the 4th. The glandular swelling was now tender and painful, and throbbings were experienced in the infra-clavicular fulness. Dr. Sansom did not consider the cavity (which was evidently of very small extent) in the right apex tubercular. The patient presented no phthisical sign; the cough was violently paroxysmal, and it was quite clear that for long periods it had remained in complete abeyance. He was disposed to think the occasional large râles and amphoric sounds heard above the clavicle due to a dilated bronchus, or ruptured air-cells. He considered that suppuration was taking place in or around the inflamed gland. Under rest, and demulcents and expectorants, the cough and expectoration entirely ceased after four days, but the local tenderness increased, and became exquisite. Liniment of iodine was applied, but could not be borne. On Nov. 22nd deep fluctuation was noticed over the swelling. Poultices were adopted, and iron and quinine administered. On Dec. 6th suddenly occurred the expectoration of half a pint of pus, the cough being accompanied by a peculiar rattling, felt as well as heard in the supra-clavicular region; swelling had to a great extent subsided. Auscultation revealed gurgling with crackling sound on coughing, and pressure of the finger produced a feeling of large crepitation. On Dec. 21st all swelling had subsided, as well as all the signs and sounds, and tenderness had almost gone. On Jan. 10th, 1873, fluctuation and tenderness were again manifested as previously; and on the 17th occurred a second copious expectoration of pus. The patient, who is still under care, suffers yet from occasional expectoration of rather fetid purulent phlegm; the supra-clavicular prominence has largely subsided, but the finger readily detects the crackling sensation produced by a cough, and gurgling is still heard. Over all the rest of the thorax the sounds are quite normal.

Dr. Semple, Dr. C. J. B. Williams, Mr. Royes Bell, and Dr. Milner Fothergill having spoken,

Dr. HABERSHON read three instances of

AORTIC DISEASE

which had recently come under his care, and showed the pathological specimens. The first was that of a man aged thirty-nine, who had suffered from repeated attacks of rheumatism. When admitted into Guy's Hospital in August, 1872, he was suffering from urgent dyspnœa and cardiac distress, with œdema of the lower extremities; a loud double bruit was audible over the aortic valves and in the course of the aorta, but after a few days the bruit changed in character and became a continuous sound. He died on the 10th September, and on inspection the aortic valves were found to be extremely diseased. One was contracted and everted; the valve nearest the pulmonary artery was thickened, ulcerated, and covered with fibrinous vegetation; an ulcerated opening immediately above the valve extended into the pulmonary artery; the edges were irregular, and the opening was partially blocked up with fibrin. The mitral was thickened, but other structures were healthy. Dr. Habershon referred the changed character of the sound to the ulcerative communication between the aorta and the pulmonary artery. The second case was that of a man aged fifty-six, who was brought to the hospital in a dying state in December, 1872. He had been engaged in labourer's work, and dated his last illness to a cold taken at Christmas, 1871. Dysphagia came on two months before death, and gradually increased in severity. The patient suffered from dyspnœa and severe pain between the shoulders. There was now a short systolic bruit audible at the apex of the heart. The prostration was extreme. When he was admitted, the aorta was found to be much diseased, especially in the ascending and transverse portion of the aorta. The vessel was enormously dilated, so as to admit a man's fist. On the right side, immediately above the valves, a pouch extended to the right, and the lung in contact with it was sloughing. Other lobules of the lung were in a similar state. At the commencement of the ascending aorta an angle was formed by the contraction of the pouch, and at this part pressure had been made upon the left bronchus and upon the œsophagus; an oval communication an inch in length existed between the two canals, and the ends of the bronchial cartilages projected into the œsophagus. The third instance was a very remarkable one, in which multilocular aneurism of the ascending portion of the arch of the aorta existed. The sac extended behind the sternum, and occupied the normal position of the heart; it perforated the ribs, and a third false sac formed a pulsating tumour extending from the left side of the sternum below the left nipple, in the direction of the axilla. Death resulted from the perforation of the post-sternal sac into the left pleura. The patient was fifty-five years of age. He dated his illness to a blow on the chest, and afterwards he suffered from pain about the left breast, especially on exertion. The attacks became more frequent during the last year of his life, and three weeks before admission into the hospital, at the end of October, 1872, he noticed a swelling in the precordial region. This swelling rapidly increased in size, and became as large as both fists, and pulsatile in character. Darting pain came on with dyspnœa and distress, and when hæmorrhage into the pleura occurred, he speedily sank. The aorta was found to be dilated and atheromatous, and two inches above the valves was an opening three inches in circumference, which passed into an aneurismal sac and then into the subcutaneous sac, the latter opening being between the third and fourth ribs. Forty ounces of clot, and as much serum, were found in the left pleura. The question of differential diagnosis between aneurismal and vascular malignant growth was briefly dwelt on, but the result showed the original opinion of aneurismal disease to have been correct.

The President, Dr. Habershon, Dr. Williams, Dr. Broadbent, and Dr. Routh took part in the discussion which followed the reading of this paper.

Dr. WILLIAMS then showed a patient illustrating

TAPPING FOR EMPYEMA.

The patient, a man aged twenty-nine, was admitted into the hospital at Brompton on the 4th of July, 1871, with a history of pleurisy of four and a half months' standing, and with signs of extensive effusion into the right pleura. The right side measured one inch and a half through the mammary region more than the left. The dyspnœa was great, the pulse rapid, and the temperature high. On the 10th of July he was tapped by Sir William Fergusson, and four pints of purulent fluid were taken away with temporary relief, but fresh accumulation took place, and an abscess formed in the mammary region, which was opened by Mr. Bartlett, and found to communicate with the pleura through a channel passing between the two layers of intercostal muscles, which acted as a valve, preventing the entry of air. In spite of this mode of exit, the matter rapidly accumulated, the valve was rendered insufficient, air was admitted, and the discharge became offensive. The patient became much worse and began to show symptoms of pyæmia. On the 21st August Mr. Henry Smith made a second opening in the posterior wall of the chest and passed a seton through. This greatly increased the discharge and also its offensive odour. On the 24th, at the request of Dr. Williams, Mr. Henry Smith introduced a drainage tube and injected a solution of carbolic acid into the pleura. The effect of this was, that the discharge became serous, small in amount, and free from smell. The pyrexia immediately disappeared, and the man made a rapid recovery. Dr. Williams strongly recommended the use of the drainage tube in cases of pyæmia, and especially if rapid formation of pus took place.

PATHOLOGICAL SOCIETY OF LONDON.

TUESDAY, FEB. 5TH, 1873.

SIR W. JENNER, BART., K.C.B., PRESIDENT, IN THE CHAIR.

DR. JULIUS POLLOCK showed a Heart with warty excrescences in the left auricle, and the aorta blocked by an embolus. The patient, a girl aged nineteen, was admitted into Charing-cross Hospital Dec. 17th, 1872, with recent cardiac inflammation; there were no distinct rheumatic symptoms, the pulse was very quick, and a bruit was heard at the apex. A week after she complained of crampy pains in the right leg; within twenty-four hours there was a pinkish blush on the foot and lower third of the leg. This went on to dry gangrene, and a line of demarcation formed. On Jan. 29th she was suddenly seized with faintness, and died the next day. The brain was not examined; the spleen was full of infarcts. In the abdominal aorta there was a large plug, extending into both iliacs, and on the right side both the external and internal iliacs were blocked. No plug was found lower down the right limb. In the left auricle there were a number of large warty excrescences.

The PRESIDENT said that the structure of these growths was a point of great interest, and proposed that the specimen should be referred to the Morbid Growth Committee.

Dr. GREEN said he had made the post-mortem examination, and the polypi were soft and fibrinous; the endocardium of the auricle was inflamed, and he thought the clots were the result of a deposition of fibrine. They appeared to be different from the vegetations forming on valves from irritation.

Dr. MOXON said the question was whether they arose from irritation or not. The embolus in the aorta was large, and had been attached probably to the valve, and, swinging about freely, reached up far into the auricle, and thus would have caused the vegetations, as was usual, from friction.

Dr. JOHN MURRAY exhibited a Child, aged seven years, with an extensive Hairy Mole. The patient had been under his care at the Hospital for Sick Children. The entire back, upper lumbar, axillary, and part of the left mammary regions, were covered with dark-coloured hair, and about a dozen moles, varying in size from a hazel-nut to a fig. The skin over these regions was pigmented, of a dark-brown or blackish colour. At birth the child presented only a small pigmented, non-hairy, and slightly raised patch, the size of a sixpenny-piece. After a year it began to grow, and has continued steadily to increase. Carbolic acid, sulphuric acid, and tincture of iodine were applied by Dr. Dickinson, under whose care she had previously been, to parts of the surface, with the result in the case of the carbolic acid of producing superficial inflammation of the skin, and the disappearance of most of the hair and pigment of the part. It did not, however, affect the moles.

Mr. LAWSON showed a drawing of a Hairy Mole covering the back. The patient, a male, was born with this condition. In the centre of the back there was an epithelio-

matous tumour, which he removed. The man lost flesh, and died four months after. Secondary deposits were found in the liver.

Dr. MURRAY, in reply to Dr. Cayley, said there was no hereditary predisposition in his case as far as he could ascertain.

Dr. WILTSHIRE said that the chief point of interest in these cases was the relative increase. This was not usually the case. He referred to a child he had exhibited some time ago similarly affected; here the growth had not relatively increased.

Mr. BUTLIN, who had seen the child a year ago at the Hospital for Children, said that the pigment removed by the action of carbolic acid had not returned, and that part of the mole was improved. He thought the application of the acid to a mole on the face might in that way be useful.

Dr. MOXON showed a specimen of Simple Stricture of the Hepatic Duct, associated with Vitiligoidea. The patient, a sailor, aged thirty-two, was always well till fourteen years ago, when he had continued fever for three months. Had drunk freely; never had syphilis; was married, and had two children. His illness began fourteen months ago; after six months he had a severe attack of agonising pain like that from gall-stones, lasting three hours; then he became jaundiced, and this never left him; a short time after he had a second attack of pain. Three months after white patches came on the scrotum, hands, ears, face, and back. He was attacked by purpura, and gradually sank. A simple stricture of the hepatic duct was found one inch above the union of the cystic and hepatic ducts; there was fibrous thickening of the wall, but there were no signs of ulceration nor of calculi. The case was interesting—first, because it was the first case to prove that xanthelasma was a consequence of chronic jaundice from indifferent causes; second, on account of the rarity of simple stricture of the hepatic duct (the case was so far in all points similar to the one shown by Mr. Holmes as reported in the eleventh volume of the Transactions); and, third, it showed a destruction of the hepatic cells and the presence of tyrosine in the hepatic tissue, thus revealing the character of acute yellow atrophy. The chief interest arose from the state of the fluid in the obstructed and dilated hepatic duct. It was colourless, slightly mucous, and entirely free from bile. He contended that this fact formed a complete disproof of the commonly received notions of obstructive jaundice. He would suggest whether the apparent simplicity of jaundice by obstruction of the duct had not misled pathologists. Jaundice was always regarded as divided into obstructive and non-obstructive; the former was supposed to be caused by the absorption of bile out of the duct distended behind the obstruction, while the latter was supposed to be caused by the suppression of the excretion of bile, or a failure in its transformation. He urged that this division was wrong. The idea that jaundice was caused by resorption from the ducts must be given up. Such a case as that before the Society, taken alone and without other considerations which time did not allow, proved that jaundice in obstruction was not due to absorption; the ducts contained no bile at all, and the jaundice was deeper than usual. No one thought the accumulation of urea in the blood after ligaturing the ureters was due to the absorption of urine from the ducts, but rather to suppression of the excretion of urea by the kidney. Similarly when the ducts of the liver were obstructed the bile excretion of the liver was suppressed. He had tested the colourless fluid from the ducts by Pettenkofer's test and by nitric acid, and no bile elements were detected, yet the serum in the abdomen was yellower than gold, and the body green with jaundice. It was impossible that the deep jaundice was caused by resorption of bile. How was it then caused? Was it by suppression of the secretive action of the liver? If we mean by secretive action creative action, assuming that the bile is created as bile by the liver itself, then, certainly, a suppression of such secretion or creation could not cause jaundice, whatever else it might do. For the bile-formation being stopped, no bile would appear. There is no alternative left. We must hold that the bile is formed in the general tissues, and filtered off at the liver in the same way as the urine at the kidneys or the carbonic acid at the lungs. This, he held, was certainly a correct view of bile-formation; and he advanced the proposition that the immediate cause of jaundice was always the same—viz., a suppression of the excretion of bile by the liver.

Dr. WICKHAM LEGG asked at what time after death the liver was examined. Dr. Wyss insisted on the necessity of examining the liver immediately after death in cases of jaundice, as within six or eight hours the hepatic cells were dissolved; in most other cases the cells could easily be recognised three or four days after death. As to the existence of hæmatogenous icterus, he had assisted Dr. Gee for some time in making the post-mortem examinations at St. Bartholomew's, and they always carefully examined the gall-duct, and invariably found some obstruction, some point stained with bile, and below it the duct free from colour. As to bile being made in all the tissues, it had been proved by Kunde, Moleschott, and J. Müller, that after extirpating the liver in frogs no bile was found, nor was there any coloration of the tissues.

Dr. POWELL asked if there was any inflammation of the ducts, and if the fluid exuded was serous.

Dr. MOXON, in reply to the President, said the walls of the ducts were thickened; there were no signs of inflammation; the liver had been examined the same day when quite fresh. As to Dr. Gee's observations, the muscular tissue of the duct was greater near the duodenum, and so the bile was pushed out. He thought no great conclusions could be drawn from experiments on frogs, for by the operation the animals were mutilated, and could not be expected to discharge the functions of life as before. There might be colourless fluid in the hepatic system without jaundice.

Mr. HULKE referred to an article by Virchow on cysts formed by distension of glandular ducts, and said that the contents of a cyst formed by distension of the gall-duct would consist of the bile and mucous fluid from the cyst wall; if the obstruction was long continued, and no more bile was secreted, the fluid would become clear, and only mucus would be found in it.

Dr. MOXON then exhibited a specimen of Cancer of the Ileum from a patient who died of uncontrollable diarrhœa. The mesenteric glands were affected, and the growth formed patches round the ileum, and its calibre was increased. He had noticed the same in other cases of lympho-sarcoma.

Dr. THEODORE WILLIAMS showed an Aneurism of the Aorta from a patient, aged thirty-eight, of intemperate habits. He had noticed a pain in the left side of the chest for two years, then a swelling and throbbing. He suffered from cough, dyspnœa, and dysphagia; the pupils were equal; the heart was hypertrophied, and a bruit was heard over the swelling. The aneurism arose from the ascending part of the arch of the aorta; it was large and irregular, reaching from the clavicle to the sixth rib, and had eroded the ribs in front of it.

Mr. BUTLIN showed an Aneurism of the Right Subclavian. A laundress, aged thirty-nine, had been under Mr. Holden's care with a tumour under the right clavicle. When first noticed it pulsated; three weeks after she was seized with a severe pain in the right shoulder and arm, and lost the use of that arm. On admission a firm, non-pulsating tumour was found, and no pulse in the radial. She had a basic systolic murmur. At the autopsy the aortic valves were covered with vegetations, and the artery beyond the aneurism was plugged, as was also the femoral. The case was interesting as showing the natural process of cure.

Dr. GREEN exhibited a Brain and Lungs with sarcomatous tumours in them. A man aged nineteen had his thigh amputated in April, 1870, for a hæmatoid tumour in the lower part of the femur. In October last he was seized with vomiting and convulsions. This continued; then he suffered from pain in the head, double optic neuritis, and became hemiplegic on the right side, and died comatose. In the brain three tumours were found, two on the right side and one on the left. In the centre of each lung was a tumour with spindle and myeloid cells. These were calcified; those in the brain were soft, with a large number of myeloid cells. He thought it was rare to have such tumours in the brain.

Dr. MOXON said Mr. Hutchinson had shown a myeloid tumour of the brain; he also had done the same.

Mr. ARNOTT supposed the calcified tumours in the lung were not calcareous degeneration of masses of low vitality, but that form of osteo-sarcoma which goes on with the

growth of the tumour. He had seen many such, where they are hard from the first.

Dr. DOUGLAS POWELL showed a specimen of Osteo-sarcoma of the Mediastinum and Lung, secondary to a tumour of the knee-joint. A woman, aged twenty, fell and hurt her knee; it became swollen and painful. The disease progressed, and Mr. Canton amputated the thigh. A soft and shreddy growth, presumably a sarcoma, involved the knee-joint. The stump healed, leaving a sinus which closed in a year and a half, after some dead bone had been removed. Two weeks after its closure she felt pain over the sternum, coughed, and spat florid lumps of blood. This relieved the pain, and continued at intervals for three months, when she was admitted into the hospital under Dr. Headland. Above the nipple, the left side of the chest measured two inches and a half more than the right; the heart was displaced to the right of the sternum; the percussion over the left side dull and resisting, and vocal fremitus and resonance was absent. The physical signs were similar over the back, except in the upper part. The right lung was healthy; there was no dysphagia or venous engorgement. At the autopsy the left side of the chest was occupied by a solid tumour attached to the parietes and diaphragm, and connected with the heart at its left and posterior aspect. It had pressed the heart to the right, and the left bronchus backwards, causing collapse of the hinder lobe of the lung. Nearly the whole anterior lobe was destroyed, being converted into the structure of the tumour, which was of fleshy consistence, and infiltrated with a rough granular material. There were several cysts in the mass. A drawing by Mr. Arnott of the microscopical appearances was passed round. The tumour was sarcomatous, with a dense, refracting osteoid network, calcareously infiltrated, containing rounded cells.

Reviews and Notices of Books.

A Handbook of Hygiene. By GEORGE WILSON, M.A., M.D. Edin. pp. 380. London: J. and A. Churchill. 1873.

IF the Public Health Act of 1872 has done nothing else, it has at any rate raised all over the country discussions on sanitary questions, and in every county inquiries are being made into the conditions of houses, drainage, and water-supply. That books specially prepared to aid officers of health in their inquiries would soon make their appearance was to be anticipated, and the work before us is the first of its class. Dr. Wilson is the surgeon of the Convict Prison at Portsmouth, and has evidently paid great attention to hygiene. He has written a book which gives a summary of the whole subject, and is well adapted for health officers, and likely to be of considerable use to them. It is of course a compilation in great part, but the author has made original observations on several points. A short introductory chapter on Public Health and Preventable Disease ushers in fourteen chapters on Food, Air, Ventilation and Warming, Water, Dwellings, Sewage, Disinfection, and the Duties of Health Officers; and in an appendix an epitome or *précis* is given of the various Health Acts and the powers and obligations contained in them. Great use is made of the various reports of Mr. Simon and his staff, and of the other chief works on sanitary science. The book is not intended for analysts, although instructions are given for such simple processes as a health officer may find useful, and can easily apply.

The author's position as surgeon of a convict prison has led him to make some observations on the criminal class which are interesting. He considers that the convicts at Portsmouth are, as a rule, smaller men than the population at large. In 1871 the mean height of 316 convicts was 5 feet 5 inches only, whereas he considers, from Beddoe's observations, the mean height of the population to be 5 feet 6·6 inches, or nearly two inches more. The part of the country from which the convicts come may, however, have an influence, as there is no doubt that the northern counties furnish much larger men than the southern. Dr. Wilson's observations so far confirm the view that our criminal classes are degenerated physically as well as morally and intellectually. It would be strange indeed if it were not so. Dr. Wilson has also inquired into the habits of the prison population, and is assured "that four-fifths are directly or indirectly the victims of intemperance; directly as regards the occasional, and indirectly to a large extent as regards the habitual criminals." The habitual criminals he believes are "congenitally criminals on account of the intemperance of their progenitors." (p. 11.) This again shows what a pecuniary interest—to put it on no higher ground—the community at large has in repressing intemperance, and how false is the widespread opinion that a man by drinking hurts no one but himself. He not only injures his offspring and his family, but in various ways he is injuring every one in the community, and in no way more than this—that he is increasing the criminal class, the maintenance of which is so heavy a burden upon us.

An interesting fact is mentioned with regard to the food of convicts. There are two scales of diet—for light and for full labour. The former contains 224 grains of nitrogen and 4651 grains of carbon; the latter contains 255 grains of nitrogen and 5289 grains of carbon. The effect of labour is well illustrated in the practical working of these dietaries.

"The prisoners employed at light labour," writes Dr. Wilson, "are all more or less invalid or crippled; and, although almost all of them could take more food, they are not found to lose weight except in isolated cases. With regard to the practical working of the full-labour diet, however, this much cannot be said; for while prisoners employed at comparatively easy labour, such as artisan work, do not lose weight to any extent, those employed at the more arduous kinds of labour, such as navvy work, almost invariably lose a good deal, and after a time must be removed to lighter work to recruit. In whole gangs of prisoners employed at filling and wheeling barrows of clay, for example, I have found an average loss of weight of over 13 lb. per prisoner, the loss accruing within a period of about two months after they had been put to such work. The consequence is that in hard-labour prisons the convicts must be continuously shifted from hard to lighter work, and, after recruiting, from lighter to hard, otherwise they would completely break down." (p. 33.)

The chapter on the Duties of Medical Officers of Health might, we think, have come more appropriately as a first chapter, and then the subsequent part of the book would have shown how these duties should be performed. In reading the book it will be found useful to take this chapter first.

The author makes one remark which the public cannot too soon recognise. Sanitary works can never by themselves make a community healthy; they must be aided by social virtue. The whole nation must earnestly strive by continuous efforts at self-improvement to cultivate good personal habits, for, as Dr. Wilson truly says, "public virtue is essential to public health, and both to national prosperity." Such books as this will, we trust, aid in that general education in sanitary matters which must be the first step towards a satisfactory public health.

A Budget of Paradoxes. By AUGUSTUS DE MORGAN, F.R.A.S., C.P.S. London: Longmans. 1872.

THIS budget mainly consists of the author's contributions to the *Athenæum*, and they are not, as many persons might expect from his great reputation as a mathematician, disproportionately mathematical. Mr. De Morgan was a man of rare attainments. The extent and variety of his informa-

tion must strike every reader of this volume. He possessed a penetrating intellect, remarkable shrewdness of character, and a kind of humour which had a flavour and quaintness of its own; and the book is the sort of work that we might expect from a man of this stamp. It is uncommonly amusing to take up at odd times, although it might, we think, be improved by being condensed and rearranged. We do not pretend to criticise it at any length, but we cannot forbear dwelling upon a very few of the numerous passages with which we have been interested.

Mr. De Morgan uses the word "paradox" in its old sense: a paradox is something which is apart from general opinion in subject-matter, method, or conclusion. Speaking of paradoxers, he says he suspects that he knew more of the English class than any man in Britain. He reckons that he talked to over 150 specimens; and, he adds—

"Of this I am sure, that it is my own fault if they have not been 1000. Nobody knows how they swarm, except those to whom they naturally resort. They are in all ranks and occupations, of all ages and characters. They are very earnest people, and their purpose is *bonâ fide* the dissemination of their paradoxes. A great many—the mass, indeed—are illiterate, and a great many waste their means, and are in or approaching penury. But I must say that never, in any one instance, has the quadrature of the circle, or the like, been made a pretext for begging; even to be asked to purchase a book is of the very rarest occurrence. These discoverers despise one another; if there were the concert among them which there is among foreign mendicants, a man who admitted one to a conference would be plagued to death."

Mr. De Morgan shrewdly remarks that many discoverers of all classes believe that they have convinced everyone who is not peremptory to the verge of incivility. If anyone will undertake to show a person of little or no knowledge who has established himself in a great matter of pure thought, let him bring forward his man and we shall see. The first demand made of those who plague other people with their great discoveries should be—"Mr. Moses, before I allow you to lead me over the Red Sea, I must have you show that you are learned in all the wisdom of the Egyptians upon your own subject." The remarks on the editorial system at page 112 *et seq.* may be commended to sensitive contributors.

"All that is in a journal, except what is marked as from a correspondent, either by the editor himself or by the correspondent's real or fictitious signature, is published entirely on editorial responsibility, as much as if the editor had written it himself. The editor, therefore, may claim, and does claim and exercise, unlimited right of omission, addition, and alteration."

An editor has all the responsibility of an article; if it should contain a libel he could not give the author up even at his own desire. "Editors and contributors who can work together find each other out by elective affinity." The story about Mr. Galloway firing off his fifteen questions at the heads of the Council of the Royal Society some years ago as to their reasons for restricting the number of yearly admissions to fifteen men of science, is amusing. Our extracts have been drawn from the earlier parts of the volume; but the Budget is full of odd bits of learning and acute criticism, for which we have mainly to thank paradoxers in the shape of circle-squarers, perpetual-motion-mongers, and the rest.

THE VENTILATION OF SHIPS.

To the Editor of THE LANCET.

SIR,—The reports of my paper on "Ship Air," and the subsequent discussion, contained several misprints, such as "granular" for "glandular," &c. And again, my concluding remarks referred to the ventilation, not of the *Bristol*, but of the *Britannia*; of which a description will be found in the next (March) number of *Naval Science*. As abstracts are unsatisfactory, I regret that I cannot yet forward for your criticism a copy of the original paper read at the Medico-Chirurgical Society on January 14th.

The "cell" air, with 33 volumes of carbonic acid, to which you allude, was derived first from the adjacent store-room with its seven sleepers, and that again chiefly from the lower deck overhead, with from 200 to 500 occupants, and was thus twice vitiated before it reached the occasional prisoner undergoing solitary confinement in the *Bristol's* fore-cockpit. Ship air generally is not so impure. Thus, on the lower deck, where the crew are chiefly berthed, it showed from 4 to 28 (average 16) volumes, which is more akin to the 10 volumes found by Dalton, and 7 volumes by Pettenkofer in the air of schools. But even this is worse than ship air ought or need to be.

Headache, sickness, lung, heart, and many other symptoms resulting therefrom, are common enough on shipboard. Nor could seamen long retain their health, such as it is, in this atmosphere, if they were not much in the open air, which, to a certain extent, counteracts the bad effects of the impure air breathed below. But, although selected, of the strongest ages, fully fed, and well cared for, sailors are neither very healthy nor long-lived. Their mortality and sickness are high. Premature old age and comparatively brief lives are common. For much of this vitiated air is doubtless directly or indirectly to blame. And, for many reasons, it is important that we should remove all unsanitary influences, and make seamen as healthy as possible.

The Admiralty is giving our ships of war the most approved ventilating apparatus. As mentioned in my paper, nothing can be better than Edmonds's or similar systems, in which the suction power of heat is the chief ventilating agent. It is by heat and the various thereby-induced winds that nature renews and purifies the lower stratum of air in which we live. And we do well to follow her lead. But ships may be so fitted, and yet imperfectly ventilated. All methods of ventilation, even so-called "self-acting" ones, must be well looked after, always efficient, kept constantly at work, and supplemented when necessary by windsails, open ports, hatches, &c. For nowhere is Parkes's admirable axiom, that "wherever practicable we should be content with nothing short of an almost unlimited supply" of pure air, more applicable than on shipboard.

An important step towards giving ships a purer and healthier atmosphere, is to prove how vitiated ship air may become, and thereby show how necessary thorough ventilation is. Without an analysis we are working very much in the dark. Another step is to follow a judicious suggestion given in a late LANCET "leader," advising that the ventilation of ships of war should be medically supervised while building. A third is to teach executive naval officers the rudiments of naval hygiene, so that they may aid and not oppose medical sanitary suggestions, and be able to act for themselves in emergencies. And a fourth may, perhaps, be added by our present energetic Director-General.

I am, Sir, yours obediently,

ALEX. RATTRAY, M.D.

H.M.S. "Britannia," Dartmouth, Feb. 12th, 1873.

DEVELOPMENT OF THE SPERMATOZOA.—La Valette St. George, in his article on the Testes in Stricker's Handbook of Histology, maintains that the spermatozoon is a modified uni-ciliated cell. This statement is contested by Prof. E. Neumann in a paper he has written on this subject in a recent number of the *Centralblatt*, and he contends that the spermatozoa originate in a partial fission and differentiation of the protoplasm of the tubuli seminiferi without participation of the cell nucleus, and, in fact, are nothing but detached and separated cilia. This view is supported by von Ebner's researches on the structure of the tubuli seminiferi. Neumann describes the epithelium of the tubuli in man as appearing in the form of radially arranged cells, which rest by broad surfaces on the tunica propria. The part projecting into the lumen of the tubuli exhibits concavities on the surface, in which lie round cells. The columnar cells have a large transparent nucleus, with a nucleolus, and develop from their free surface a fasciculus of spermatozoa.

THE LANCET.

LONDON: SATURDAY, FEBRUARY 22, 1873.

THE General Medical Council will not meet even on the 12th of March. The meeting is postponed till the 26th of that month. The excuse for the postponement is that members of the Council not resident in London, especially those engaged in teaching, find it inconvenient to leave their duties before the end of March. It is easy to understand that there is a good deal of force in this excuse. But we complain nevertheless that the members of Council consult much more their own convenience and that of their individual schools and corporations than they consult the interest of the great profession at the head of which they are placed. The fact that it is inconvenient to meet earlier than the end of March was well known last year to everybody concerned. It would have been equally inconvenient to have met at any time between October and Christmas. The conclusion to be drawn from these considerations is that the Council should have met in July or the early part of August of last year to receive the schemes which it called for from Scotland and Ireland, and which it requested might be ready by the 1st of July.

The fact is that the Council is acting in a timid and temporising manner. Calling schemes from Scotland and Ireland is like calling spirits from the vasty deep—they will not come. No waiting will bring such schemes as the Council or the profession will consider equal to the wants of the case. But the Council waits on, and is entirely losing any reputation it has. It is no slight responsibility which the Council incurs in thus keeping the question of Conjoint Schemes in suspense. For the last two years all its other functions have been in abeyance. All the energies of the Council have been concentrated in an attempt to produce Conjoint Schemes. And the result up to this time is *nil*. Not even a mouse comes of the long labour of the mountain. The coffers of the Council are being filled. The registration fee of £5 is being exacted from every person registering. But all the functions of the Council are in abeyance. This one subject of Conjoint Schemes absorbs nearly all the available time of the Council. And nothing is done but talk. Visiting the examinations is in abeyance. The subject of professional education is in abeyance. The Pharmacopœia Committee is in abeyance. And while the Council is receiving £5000 or £6000 a year and doing nothing more for it than talking about Conjoint Schemes, these schemes exist only in the imagination of its members; and the general practitioner is called on to pass two examinations, each of which is very like the other in the nature of the subjects if not in the stringency of the examination. The conclusion is irresistible—either that the Council has not the will to do anything more than it has done, or that it has not the power. The individual bodies dread change. Conjunction is not so charming to them as individuality. They think it better to bear the ills they have. They know that there is a great amount of apathy in the Government and the public as to these matters to be relied on. But the Council as a public body has a great responsibility in doing nothing to settle this question, and to put the examination of general practitioners on a satisfactory and equitable basis. We have never approved the vague charges against the Council of doing nothing. But the entire arrest of its business as a regulator of medical education and examination, and its helplessness amid the inaction or the resistance of the bodies of which it is composed, must ere long attract attention, and lead to more changes in the Act of 1858 than were dreamt of in 1870.

LAST Tuesday's debate at the College of Physicians, on the nomination to the Fellowship, ended, as it was only too likely to end, in the acceptance of the microscopic reforms suggested by the Council, with only one quite unimportant addition. The changes introduced by the new scheme are: that the Fellows are to be individually *invited*, each year, to nominate Members for the gracious consideration of the Council; and that whereas formerly such Members had to be nominated by two Fellows jointly, and by two only, they may now be nominated by any number of Fellows, who may either sign the same paper or may send in separate recommendations to the Council. As before, the veto of the Council is to be absolute, however strong and numerous the recommendations they may receive in favour of any particular Member.

It is, of course, impossible for the liberal party in the College, or the general body of the profession, to accept this result as satisfactory in itself; but the course of the debate furnished indications which hold out better hopes for the future. It was made clear enough that the Council is no longer, as it used to be, an unbroken flock which follows, with mechanical docility, the lead of two or three venerable bell-wethers; on the contrary, there are evidently most serious differences of opinion among them. We shall presently mention one specific instance of this; but the most notable fact was the attitude of the senior Censor. It is obvious that Sir WM. GULL, while officially supporting the mild proposals of his colleagues, was almost contemptuously conscious of their inadequacy; for he did not scruple to hint at far more radical changes which he would personally have been willing to introduce, and probably might still propose on some future occasion. We take it that this signifies the beginning of the end; for since so shrewd a tactician as Sir WM. GULL has recognised the impossibility of standing fast on the ancient ways, the College is doubtless on the eve of some change as decisive as that produced by Sir ROBT. PEEL's renunciation of the policy of protection for trade.

The specific point on which the conflicting opinions of the various councillors was made most prominent was the debate on the proposal that "social position" should be one of the recognised grounds of nomination to the Fellowship. It was evident that the Fellows generally were very doubtful as to the propriety of formally sanctioning a principle which is obviously liable to the grossest abuse; and the proposition was only carried by a narrow majority. In the conversation which took place on this subject, it appeared

that, while Sir W. GULL would admit the evidence of social position afforded by some palpable fact (such as the rank of M.P., J.P., or county coroner), the more delicately aristocratic feelings of Dr. WEST could only be satisfied by a searching inquiry into the "gentlemanly" characteristics of the candidates—a proceeding which many of the Fellows present seemed to think might be difficult and even dangerous, since it could hardly be hoped that all the members of the Council, at any given time, would be gifted with the tact and social instinct of a WEST.

The plain fact is, that there is not a more absurd pretension in the world than this assumption by such a body as the Council of the College of Physicians to decide on the "social position" of individuals of whom they in most cases know scarcely anything except that they have (or have not) achieved some definite scientific or professional success. That the Fellowship should be awarded for accidental social distinctions, not arising from professional merit, is a notion which is redolent of the pure spirit of flunkeyism; and we trust that in future the Fellows will decisively reject any nominee who is obviously put forward on such grounds. And as for the idea that the Council are to decide whether a given candidate is or is not personally a gentleman, we share most fully in Dr. BLAKISTON'S scepticism as to their qualifications for the duty. Of course it could only be carried out by a series of private inquiries, as objectionable and as essentially unjust as those of the Star Chamber. There is something very offensive in this continued hankering for the privilege of secret and malignant gossip concerning men's private affairs; and we suspect that it would long since have been severely and effectually resented, but for a certain irresistible comicality which attaches to the thought that the worthy seniors of the College should suffer from such a "green-sickness" longing. It resembles the unlawful wishes of chlorotic young ladies for powdered slate-pencil as a food; or perhaps we may more accurately compare it to that very singular desire of Mrs. Gamaliel Pickle, when pregnant, to pluck three hairs from the beard of the reluctant Trunnion. We wonder at the foolish Commodore, even while we laugh at him, for putting up with such treatment; and it is scarcely likely that a perpetual supply of unresisting Trunnions will be found among the Members of the College of Physicians.

THE leveling spirit of the age has reached the Universities. Polyphemus-like, it has devoured the followers first, and has now come to the leader. The centres of thought, of culture, and of professional qualification are to be equalised; and the work has, as usual, begun with Ireland. In his great speech on University Reform in the sister island, Mr. GLADSTONE developed a plan for remodeling her whole collegiate system,—a plan which, of vital importance to the institutions immediately concerned, has an ultimate and inevitable bearing on similar institutions in other parts of the kingdom. Just as the disestablishment of the Irish Church foreshadows the disestablishment of the English and Scotch ones, so the reform of the Dublin University portends the reform of those of Oxford and Cambridge, and even of Glasgow and Edinburgh. The movement is interesting to all professions, but pre-eminently to our own. Of the three—Church, Bar, and Medicine—the last is the only one that can be called progressive. The Church rests on biblical dogma; the Bar appeals to statute and precedent; Medicine alone is perpetually adding to her data, and revising her principles accordingly. It becomes, therefore, of the last importance to watch the changes now contemplated for our seats of professional culture; for while, by the peculiar nature of their calling, the clergyman and the advocate can be but slightly affected by innovations which leave their standards unaltered, the physician, through the dependence of his principles on the preliminary studies exacted from him, is at once and most vitally touched by any legislation which interferes with the conditions under which those studies are pursued.

We have little to do with the financial or administrative questions which occupied so much of Mr. GLADSTONE'S speech on the Irish Universities. These will be vigilantly canvassed by the authorities and their delegates best qualified to consider them. Our chief concern is with that portion of Mr GLADSTONE'S scheme which would replace the University of Dublin by a University of Ireland, under which the other Universities, such as Belfast or Cork, would be affiliated and retained as teaching but not as examining bodies. In these innovations we have the germ of a principle which is capable of extension to the whole subject of professional qualification, and which, in reference to our own department, we have anticipated in our scheme of a "one-portal system." With the provisions of that scheme our readers are already familiar. They have been codified in legislative form, and have undergone legislative scrutiny. They have been canvassed in a friendly and in an adverse spirit by various interests, and have, we are gratified to think, passed the ordeal satisfactorily. The principle on which they are based—that of uniformity of attainment up to a certain minimum standard—is practically approved in the policy now applied by the Government to the academic education of Ireland in general; and a little consideration will make it evident that Mr. GLADSTONE has virtually committed himself to a precedent under which our "one-portal" scheme seems entitled to his support. Opposition to the scheme, indeed, is much less to be looked for from the Government than from the provincial universities and the corporations; and already we have had renewed evidence of this in the attack, as elaborate as it was ineffective, made upon it the other day by Dr. LYON PLAYFAIR.

We have no desire to return to that gentleman's speech, now sufficiently well known to our readers. If the objections to "the one-portal" system which he embodied in it are the strongest he can bring, we have little to fear from his criticism. His supposition that the minimum standard of that system would necessarily be lower than the lowest of the examining boards now existing, we showed to be quite gratuitous; as also his assumption that our minimum standard once fixed must remain stationary—unaffected by the advance of science and education. His further objection that the variety so much to be desired in professional culture would be crushed beneath the leveling roller of a uniform standard, we also showed to be futile; "variety in unity" being precisely the advantage which the "one-portal" scheme would secure, with its minimum of essential knowledge and its

indefinite maximum of special attainment. To his argument that the universities in general, and the Scottish universities in particular, would suffer by the poorer students contenting themselves with the bare minimum qualification and so declining to remain longer at the university for the maximum, it is enough to reply that the university exists for the student, not the student for the university; and that if the latter, by the inefficiency of its professorial staff, cannot tempt the ambitious *alumnus* to attend it further than is absolutely necessary, it must then incur the penalty of every ineffective institution. The argument, however, is an idle one. Is it not even now the case that the majority of students leave the University just in time to pass the not very exacting minimum standard now required of them?

Dr. LYON PLAYFAIR judiciously refrained from considering the advantages the "one-portal" system even professed to secure; but there is one which, we think, he was bound in fairness to submit, if not to recommend, to his audience. The candidates for the army and navy medical service would, under the "one-portal" system with its minimum but still sufficiently high standard, be spared the annoyance and indignity of undergoing a second examination on elementary subjects; while the implied rebuke to the qualifying boards which had already passed them would cease to raise distrust in the mind of the public as to medical qualifications in general. Dr. LYON PLAYFAIR, indeed, must pardon us for treating his objections to the "one-portal" system as rather crude, and as requiring the scrutiny of those "second thoughts" which are proverbially the best.

ON the motion of Lord SHAFTESBURY, seconded by Mr. CHARLES REED, M.P., at the Mansion House, on Monday, it was resolved that the 15th of June shall be the first Hospital Sunday for the metropolis. An attempt was made to postpone the great catholic movement—as it may well be called—to next year. Next year always has a charm for a certain class of minds; and this class of minds had the advantage of having the Bishop of LONDON for its spokesman on the present occasion. But even the Bishop's advocacy did not avail. The Bishop argued, in a letter to the Lord Mayor, that June of this year was too early; that too many collection arrangements were already made for this year, which could not be altered, and which would militate against the success of the Hospital Sunday. There is a certain amount of truth in this view of the case, and we willingly believe, as was said, that the Bishop's objection is only to the time chosen, and not to the thing itself. Nevertheless, we entirely approve of the determination that was shown to bring the idea of a Hospital Sunday into the category of accomplished facts in the year 1873. And it is not a little significant and not a little creditable that some of the most ardent advocates against postponement were London clergymen—conspicuously Mr. ROWSELL, who said he would have no fear of the result even if this collection were to precede by only one week the collection for the Bishop of LONDON's fund. At the very most, these arguments for postponement amount to this, that in the first year the result will not be so great as in subsequent years. But this has been the case in every town, and is no reason for not beginning this year. Besides, there is the weightiest reason for acting promptly. The great difficulty with such a scheme is its initiation; this accomplished, it grows almost inevitably. There is one consideration alone which would be decisive with the friends of the movement—the great personal interest and trouble taken in the matter by the present Lord Mayor. What guarantee can we have that his successor will bring such qualities to the business. It is scarcely reasonable to expect that Sir SYDNEY WATERLOW should be willing, after beginning the work so well, to leave the work uncompleted. It is just as unreasonable to expect that a Lord Mayor who did not share the pleasure of beginning the movement should take the kind of interest in its completion which Sir SYDNEY must feel. But, once begun, the scheme can scarcely fail to grow from year to year. It is with great satisfaction, therefore, that we announce that on Sunday, the 15th of June, 1873, all classes and creeds in London will have the opportunity, in the holy name of religion, of contributing to the relief of that most pure of all misfortunes—sickness. The Committee of Distribution appointed to administer the Metropolitan Hospital Sunday fund for 1873 is small, but of such a character as to command respect. It consists of the Lord Mayor, Sir ANTHONY DE ROTHSCHILD, Mr. THOMAS HANKEY, Mr. CHARLES GÖSCHEN, Mr. GEORGE BARNETT, Mr. SAMUEL MORLEY, M.P., and Mr. Alderman M'ARTHUR, M.P. We could wish that some medical men had been on it. But, in order that the exertion of no influence of a partial kind on the Committee may be suspected, we assent for the present even to a Committee of Distribution purely of laymen, who will distribute the fund on the sound commercial principle of only giving it to such institutions as can show a reasonable relation between their income and expenditure. The investigation into the financial condition of the various hospitals will not be the least advantage of this great movement. The Lord Mayor intimated that he had conferred with the Prince of WALES, in the hope that his Royal Highness might be able to show his sympathy with the undertaking by attending in St. Paul's on the 15th of June. The Prince kindly promised to see if his engagements would permit of this. No occasion could be more worthy of his countenance. We have only to wish that the first Hospital Sunday in London may be as successful as it deserves to be. If there is need for charity to be more discriminating, there is also need for more liberality in supporting hospitals.

Medical Annotations.

"Ne quid nimis."

THE HUNTERIAN ORATION.

THE Hunterian Oration, delivered at the College of Surgeons by Mr. Hancock, has been so fully reported in the daily press that it is unnecessary to burden our columns with its details. We prefer to remark upon some of the points taken up by Mr. Hancock, and especially his opinions upon preliminary education and its tests.

Mr. Hancock complains that entry to the medical profession is now guarded by some form of examination—for it is to be remembered that the College of Surgeons' is not the only preliminary examination open to the student—intended to test his previous education; and quotes instances to show

that men have become great without much learning. We have on several occasions deprecated the tendency to overload the medical student with studies having little or no relation to the business of his life; but we cannot but regret that the President of the Royal College of Surgeons of England should have taken this public opportunity of lowering his profession in the estimation of all well-educated men. For, after all, what is the test proposed for simple admission to medical study? It consists in a knowledge of reading, writing from dictation, English grammar, a brief prose composition, an acquaintance with arithmetic, the geography of Europe, outlines of English history, two books of Euclid and algebra to simple equations, and translation of a passage from Cæsar's Commentaries, together with the option of a translation from a Greek, French, or German author, or a knowledge of the elements of chemistry, zoology, or mechanics. This is the test which 944 candidates have failed to meet satisfactorily; and all we can say is, so much the better for the medical profession, and so much the worse for their tutors. If Mr. Hancock had confined his strictures to those schools and tutors who fail after ten years' tuition to render their pupils competent to write grammatical or legible English, or work a simple arithmetical problem, we should have been at one with him; but we can only deplore his remarks as calculated to depreciate culture because Hunter and one or two other distinguished men had little preliminary education! Is it not notorious that Hunter felt severely, and suffered all his life, from his want of power to express his great thoughts in writing?—and why because his great genius successfully overcame all difficulties are we nowadays to overweight much less able individuals by allowing them to start in the race untrained and unprepared?

With Mr. Hancock's fears lest the lower classes should be deprived of medical attendants by the better education of the profession we have no sympathy. One is too familiar with ignorance in the upper and learning in the lower walks of the profession to fear this supposed tendency of culture alone to lead to eminence. If we take the sister profession, we do not find that a university education unfits for clerical labour among the poorest and most uneducated of our people, but rather that the studies of former days serve for recreation amid the cares and troubles of daily life. The statistics brought forward as to the number of admissions to the College of Surgeons now as compared with thirty years ago are to be answered by the notorious fact that medical education itself has advanced, has become more prolonged and expensive, and that the examinations are very different now from what they were at that date. Besides, the numerous openings for young men of ability now in existence, but which were formerly open only to favour, have necessarily drawn off many who would probably have entered our profession. For ourselves, we have no fear that a sufficient supply of well-qualified medical men will not always be found; and, as the education of the whole population is making rapid advances, we should regret extremely were the medical profession to lag behind. By all means let us have better preliminary teaching if we can get it, but we believe nothing would be gained by lowering the tests at present in existence.

SMALL-POX ON THE THAMES.

ON Wednesday last a collier-brig arrived in the Thames from West Hartlepool with a sick seaman on board. Although there is a special clause in the Public Health Act relating to the port of London, no means are used to ascertain if coasting vessels arrive with any infectious disease, and no notices have ever been issued requiring the captains to report, at Gravesend or elsewhere, the existence of such disease on board their ships. On Thursday it was discovered that the man had small-pox, but the vessel was then well up the river, and, as we are informed, is by this time snugly moored in a part of the stream called Bugsby's Hole, where colliers, waiting for the markets, often lie days and weeks together in tiers of two or three deep. As, in spite of the Health Act, there is no sanitary supervision of any sort on the Thames between London-bridge and Gravesend, small-pox is likely to have a fine time of it at Bugsby's Hole, inasmuch as the particular victim in this case has been living in a kind of cave, called a lower forecastle, with three other men, all of whom have enjoyed his society during the process of incubation. We do not know what has become of the patient, for the Seamen's Hospital does not receive cases of small-pox, and of course the "riparian authorities" will have nothing to do with him, inasmuch as all sanitary responsibilities in connexion with the floating population passed, in August of last year, from their hands into those of the Corporation of London. In the ordinary course of commercial events the brig *William*, unwashed and unfumigated, may be found next week "clearing out" in the very heart of the port, somewhere about the neighbourhood of Limehouse or Rotherhithe, and thus forming a third focus of infection since her entry into the Thames. It appears that, by some unaccountable error in the draughting of the Public Health Bill, the City Corporation are not only legally responsible for the floating population, but for more than half the metropolis besides; and so, as the clause now stands, they very naturally object to take sanitary charge of a ridiculous and impossible district. It is surely practicable for the authorities at Gwydyr House to define clearly the geographical responsibilities of the Corporation, and so enable them to commence a most useful piece of sanitary work, which they have liberally offered to perform, and are very capable of accomplishing most successfully.

OUR INDIAN TROOP-SHIPS.

AN outbreak of diphtheria occurred among the children belonging to the 67th Regiment, on its way from this country to Rangoon by the steamship *Malabar*. Four of the children attacked died during the voyage, and four more deaths occurred after the arrival of the regiment at its destination. The cases under treatment are doing well, and there is every reason to hope that the disease will soon cease. The *Malabar* on the return voyage brought home the 2nd battalion of the 10th Regiment from Rangoon. This vessel is one of the five magnificent ships built for the Indian Government, at a cost of about £400,000 each, for the special conveyance of troops to India. Before the construction of the Suez Canal, three of these vessels were stationed on the Red Sea side, and two on the Mediterranean, the troops crossing the isthmus by train; but since the opening of the canal, each vessel goes right through to India, their usual destination being Bombay. The *Malabar* was built in 1866 by Messrs. Napier, of Glasgow. She is of iron; extreme length 373 feet, breadth 47 feet, tonnage 4173, with a nominal horse-power of 700. This is the first time that one of these vessels has carried a regiment to Burmah, and the *Malabar* is the largest ship that has ever anchored in the Rangoon river. Her presence in these waters consequently excited the liveliest curiosity, and on being thrown open to inspection, on the 27th and 28th of December, as we learn from *Our Chronicle*, a monthly publication that has been started by the 67th Regiment, she was visited by such a motley assembly as had probably never before been seen on board any troop-ship. John Chinaman preserved his usual imperturbable manner, ex-

pressing no surprise at the magnitude of the floating barrack, but the Burmans could not conceal their astonishment and delight. Many wished to purchase everything; but the main object of attraction was the saloon mirror, and the reflected grins of those who successfully struggled to get near it expressed their conceited satisfaction. We learn from a copy of the same publication that the distance from Portsmouth to Rangoon is 7650 miles, and that the *Malabar* was under weigh 846·5 hours, giving an average for the whole distance of 9·3 knots per hour. She arrived at Port Said at 2 P.M. of 18th November, where she took in coal and encountered a large French troop-ship arrived from Cochin China full of invalids. She entered the Suez Canal just before daybreak of the 19th, steaming at the rate of about 5 knots an hour, and anchored in Bitter Lake at 4.45 P.M. on the same day, with the thermometer at 65° at night. She quitted the canal at noon of the 20th, having done the whole distance (87 miles) in 17 hours. The *Malabar's* draught of water, it may be mentioned, when ready for sea and troops on board, is 22 feet 2 inches aft.

THE UNIVERSITY OF LONDON.

GREEK is no longer compulsory on candidates at the Matriculation examination, and is now ranked as optional with French and German. This regulation, passed on the 12th inst., takes effect at the Matriculation examination in June next. Of course the Senate is the best authority as to what should be expected from the students, but there is one point of which we should like our readers to take note. Greek has been discouraged on the ground that no candidate can possibly acquire more than a smattering of it before matriculation, and that it is cruel to exact from him an acquisition which, small as it is, he will, in nine cases out of ten, abandon as soon as he has passed in it. If by this argument it is implied that the French and German which have been made optional with the Greek are, in any strict sense, more easy of acquisition or more advantageous for the candidate, we demur. It is at best but a smattering of the modern languages which the candidate for matriculation brings up with him, enabling him to make as little use of Trousseau or Virchow as his little Latin or Greek avails him for Celsus or Hippocrates. All that the advocates for the retention of Greek contended for was this: that medico-scientific terms would be more intelligible to him with a smattering of Greek than with any amount of French and German; that these languages would be more quickly and thoroughly acquired with the previous smattering of Greek than without it; and that, whether he abandoned Greek after matriculation or not, a foundation was secured which would enable him to add whatever superstructure to it he had time or inclination for. Improved methods and manuals of tuition, moreover, are yearly making Greek an easier accomplishment. But it is useless to cry over spilt nectar.

REPRINT OF, AND PROPOSED ADDITIONS TO, THE BRITISH PHARMACOPŒIA.

ONE of the questions to be submitted to the Medical Council at their meeting in March will be that of the reprinting of the British Pharmacopœia. It appears that the copies of the work now remaining on hand are not more than sufficient to meet the probable sale during this and part of next year, and its reproduction in some form will therefore be required very shortly. We are informed that the subject has been under the consideration of the Pharmacopœia Committee of the Medical Council, and that it is proposed to print the present work as it is, and to add an appendix or supplement containing such new remedies and new forms of remedies as may appear to be called for by the existing state of medical practice and pharmaceutical art. By this arrangement the supplementary matter, which will be appended to the reprint, may be also supplied in a separate form to those who already possess the Pharmacopœia. It will be a relief to some of our readers to find that they are not likely to be called upon for several years to learn the details of a new and altered Pharmacopœia, as the work now in their hands will remain unchanged. There are always difficulties in the way of inducing the general adoption of a new Pharmacopœia, and to some extent these have been experienced even with reference to the more than usually popular one which has been in use for the last six years, and which will probably maintain its position for four or five years more. It is only gradually, and after a lapse of several years, that a Pharmacopœia becomes fully established in use and authority, and on this account it is undesirable to disturb the confidence it thus acquires by making changes more frequently than is absolutely necessary. There are no doubt some remedies which have become sufficiently established since 1867 to justify their introduction in the Pharmacopœia in the way proposed, and the object of the committee, as explained by Professor Redwood at a recent meeting of the Pharmaceutical Society, is to obtain suggestions from those interested in the subject. Dr. Redwood mentioned several articles, some of which are obviously suitable, and they are all deserving of consideration. The list includes hydrate of chloral, nitrite of amyl, acetic ether, chloroform water, mustard paper, a compound powder of elaterium consisting of elaterium and sugar of milk, syrup of liquorice, the hypophosphites of lime and soda, precipitated oxide of mercury, oxymel of ipecacuanha, pepsin, a purgative pill without aloes, and suppositories without grease. Other forms of remedies will probably be suggested, but we hope the list will not be unduly extended.

THE CLINICAL SOCIETY.

MR. PRESCOTT HEWETT, the newly-elected President of this Society, delivered a brief but practical address on Friday, the 14th inst., to a very full meeting of members. A little scene occurred at this meeting that is by no means worthy of repetition. A gentleman, whose paper was "called" for reading in due course by the President, complained of observations made by a member on a paper read some time ago in another place, and visible signs of perturbation and distress were evinced by the member alluded to, who at length rose and vigorously defended himself. The Chairman very properly stopped what threatened to be a "squabble," and, acting on his advice, the Society then declined to hear any more of the paper, and the regular business of the evening proceeded.

An occurrence of this sort may perhaps appear "funny" to some of the lookers-on, but is not calculated to increase the prestige of any society, much less that at which it took place. A letter in another column, which we are very glad to endorse, points out pretty plainly two defects in the present system of working; and there is no doubt that these defects will be remedied promptly and effectually. We take it, however, that the Secretaries were in the main responsible for the events recorded above, for it is manifest that if the paper had been submitted to their censorship it would never have been heard at all.

We do not care to criticise very closely proceedings that ought not to have occurred; but it was manifestly out of order that the President of the Clinical, or any other Society, should be so imperfectly "coached" by his colleagues as to be unaware of the peculiarities of Dr. Morell Mackenzie's paper. All present must subscribe most emphatically to the Chairman's prompt line of action on the

occasion. But prevention is better than cure; and the dignity of the member who brought the paper forward, of the gentleman who objected to its contents, and of those who listened, has not been increased by this controversial episode in the history of a Society too young to play with its position in such a fashion.

THE NAVAL MEDICAL SERVICE.

WE understand that the number of candidates for the naval medical service at the examination now in progress is larger than the number of vacancies—a circumstance which has not occurred for, we believe, over twenty years, and one which must be gratifying, therefore, to the present Director-General. The list which we published last week of naval medical officers who have passed through a course of instruction at Netley Hospital, and are now about to undertake active service, shows that the candidates are still for the most part drawn from the other side of St. George's Channel, there being but one London and two Scotch students to sixteen Irishmen, all of whom, with one exception, were from Dublin. The explanation doubtless is, that English students, as a rule, have some opening for practice before them, whilst the "canny Scot" prefers India, with its contingent advantages and drawbacks, to a life at sea. It would be unfair, however, to suppose that the results of the examinations give any idea that any but first-class candidates are entered, for the number of marks obtained at the recent examination was some two hundred higher than on former occasions.

The naval medical service has derived so much benefit in the persons of its younger members from their having had the opportunity of going through a course of instruction at Netley, that it is, we are glad to learn, not improbable that opportunity may be afforded to some of the recently-promoted surgeons (who are necessarily unemployed at present) of availing themselves of the hygienic and sanitary instruction there to be gained. This would be a great boon to many men who are now unemployed from no fault of their own.

The remarks we recently made upon the suggested employment of a civilian as medical officer of the Naval College at Greenwich have, we are happy to believe, produced an effect in high quarters, and we trust this most disastrous slight to the whole naval medical service will not be carried into effect.

INDIAN DISEASES AND RAILROADS.

CHOLERA has almost entirely ceased among the European troops and their families stationed in India, but the number attacked from the commencement of the summer to the end of the year, although the past has not been what Anglo-Indians term a cholera year, was upwards of 800, of which about 500 proved fatal. Fevers have been very prevalent during the past year in certain parts of India. The troops at Peshawur have, of course, suffered a good deal from the fever endemic to that station, and there is, unfortunately, less chance than ever of the garrison there being reduced. The death-rates of the great cities of Delhi, Amritsar, Lahore, and Peshawur, ranged, according to the sanitary commissioner's report in December last, from 50 to 67 per 1000, many of the smaller towns exhibiting even higher rates of mortality than these. The two great roads from the North-west into India lead by the Khyber and Bolan Passes. Peshawur commands the former Pass, and is, therefore, one of our most important military strongholds; and when the railway to Lahore is completed, we shall be able to pour troops into Peshawur in case of need. Jacobabad, situated on the borders of Scinde, is our nearest station to the Bolan Pass; and it is possible that we may hereafter have to obtain permission for a British force to occupy Quetta. There can be little doubt that the policy of St. Petersburg of late years has been to push its way, little by little; and the expedition to Khiva has not tended to diminish the fears entertained by many very astute people as to the nature of the designs and the ultimate object of Russia. It seems to us, therefore, that the question of garrisoning India in these directions is assuming every year greater importance. On account of its endemic and epidemic diseases, that country already forms a great drain upon the resources of this country, and we must look more and more to the power which extensive railroad communications will afford us for concentrating our forces in any direction they may be required.

THE HARTLEPOOLS' HOSPITAL.

A CURIOUS illustration of the disorders that may arise from the want of ordinary bye-laws has lately been furnished at the Hartlepools' Hospital. The institution is a small one, the daily average of in-patients being seventeen and a half. The staff until lately consisted of two physicians and two surgeons, and it is not disputed that these gentlemen discharged their not very arduous duties with zeal, punctuality, and efficiency. The chairman, however, thought it would be desirable to enlarge the staff. Accordingly, at the last annual meeting, at which, as it was supposed that only formal business would be transacted, only seven managers were present, one of these gentlemen proposed, and another seconded, that the number of the medical officers should be increased to six, and that Dr. A and Mr. B should be appointed to the vacant offices. The resolution was carried; and then, and then only, did the original staff and the general body of the subscribers learn what had been done. An attempt was made to review the matter at a subsequent meeting of managers, but it was then found that the work of one annual meeting could only be undone by another, and that there is no provision by which a special general meeting of subscribers can be convened. The new doctors must, therefore, remain in office for twelve months, unless they have the good sense and good taste to withdraw gracefully from positions that they hold in opposition to the unanimous opinion and wish of the original staff. The latter gentlemen have addressed to the subscribers a temperate and well-worded protest against the whole proceeding, and we understand that the current of local feeling runs strongly in their favour. We ourselves have always urged that a hospital should extend its advantages to as many as possible of the practitioners in a locality, but it is quite certain that seventeen patients divided among four officers are hardly enough to afford each such a share of these advantages as is his due. Unless there are circumstances in the case beyond our knowledge, we can characterise the enlargement of the staff by no milder term than preposterous.

ARMY ESTIMATES.

A HURRIED glance at Vote 4—that for the Medical Establishment and Services—in the copy of the Army Estimates for 1873–74 discovers, as it seems to us, some very significant indications that the Government is about to introduce an important change in the organisation and administration of the Army Medical Service. The title of assistant-surgeon no longer appears. The titles of the executive medical officers are surgeon and surgeon-major, while those of surgeon-general and deputy surgeon-general are substituted for the grades of inspector and deputy inspector-general in the administrative ranks of the department. The pay of the medical service is estimated at £217,278,

an increase of £719 over that of 1872. A saving of about £1000 is shown in the cost of medicines, &c. The total amount of the estimate for medical establishments and services, inclusive of the seven sub-heads accounted for in the vote, is £247,367 for 1873-74, showing a net decrease of £377 as compared with the previous year. The total strength of the medical establishment at home and in the colonies, exclusive of India, is 596 officers, against 613 for 1872-73.

HOSPITAL ADMINISTRATION.

THE case of poisoning by carbolic acid at St. George's Hospital, that formed the subject of an inquest some few days ago, and was duly reported in all the daily papers, may fitly form the text of a thrice-told tale. We have so often commented upon so-called misadventures of this description, and practical preventives easy of adoption have now existed for so long a time, that an occurrence of this kind in large metropolitan institutions ought to be well-nigh impossible. Square, triangular, knobbed, fluted, and coloured bottles, and yellow labels, have been sold for many years, but they are by no means universally used. In this case one of two things must have happened. Either the bottle containing the carbolic acid was an ordinary white medicine phial (with or without a poison label), or the nurse who administered the dose was so inane or so careless as to be utterly unfit for her position. No one, of course, as Mr. Disraeli once remarked, can account for the marvellous eccentricities of stupidity; but as "poison" bottles may now be had in plenty that cannot be handled without recognition by any human being not insane, imbecile, or drunk, we take it that this case of carbolic-acid poisoning does not reflect great credit on the administrative authorities at St. George's Hospital.

THE GERMAN AMBASSADOR.

IT will be seen by bulletins published in the columns of our daily contemporaries that the illness of Count Bernstorff is causing much interest and anxiety. His Excellency has already passed his sixtieth year, and during a very long political career he has had, of course, many social as well as political duties to discharge, the former of which are often antagonistic to health. The hepatic affection, resulting in the grave symptoms under which the Count is now labouring, has been his enemy for many years, and Carlsbad has in consequence often received him as a temporary resident. But, having regard to the age of the patient, it may be naturally inferred that the arteries are probably more or less atheromatous, and that hence an obstruction to the circulation may occur at any point, with its consequent results. A special consultation was held by Sir William Jenner, Sir William Gull, and Dr. Hermann Weber on Wednesday, and although no important change had occurred, there appeared to be a slight improvement in the general symptoms. Dr. Weber is in constant attendance, and it must be a great satisfaction to the Count and his family to have the professional services of so able and accomplished a physician and compatriot.

ENTERIC FEVER AT LEEDS.

SOME few weeks ago an outbreak of enteric fever in several parts of Leeds caused some alarm in the town. Dr. Robinson, the medical officer of health, investigated into the causes of the fever, when he found that all the cases could be traced to a milk establishment in the centre of the town. Upon visiting the milk farm which supplied the Leeds vendor, it was found that enteric fever had made its home there for several weeks, two persons having died of the disease, while several more were down with it. The door of the sick room on the ground-floor was generally open, and communicated immediately with both dairy and kitchen, this arrangement having been sagaciously determined upon in order to facilitate the double duties of waiting on the sick and the performance of the household functions. On the surface of a large heap of manure the drain from the kitchen sink and slopstone emptied themselves. The privy in which the excreta of the sick was placed was overflowing, and contributed its share to the sea of filth in which the farm-yard was swimming, a portion of the fetid fluid invading and permeating the cowsheds in which the milk was kept in pails ready for transport. No fewer than eighty persons who had obtained milk from this source were attacked with enteric fever, and of this number sixteen died. It is sad to think that this severe visitation might have been averted by attention to the ordinary laws of decency and cleanliness. We strongly suspect that milk is a far more constant vehicle and agent in the transmission of fever than is generally supposed.

THE REFLEX MOVEMENTS OF THE UTERUS.

DR. SCHLESINGER, continuing his experiments formerly undertaken in conjunction with Dr. Oser, states (*Wein. Med. Jahrb.*, 1873, Band ii., Heft 4) that electrical excitation of the central end of a spinal nerve calls forth, in from five to fifteen seconds, energetic contractions of the uterus. If artificial respiration be maintained in a curarised rabbit on which tracheotomy has also been performed, the uterus (as the older experiments when the centres were irritated also showed) was violently contracted. The same energetic contraction also occurred when the central end of the divided median or crural nerve was electrically irritated. The transformation of this reflex action (to which category the uterine movements on stimulation of the nipples also belong) is not effected through or by means of the spinal cord; for when the medulla of a rabbit, prepared as above, was divided between the atlas and occipital bone, irritation of a nerve-trunk lasting for forty seconds was without effect. Schlesinger has arrived at the conclusion that the path by which the excitation issuing from the brain reached the uterus was certainly in part through the nerve-plexus surrounding the aorta, but in part also through other, though not yet satisfactorily demonstrated, channels.

DR. GUTHRIE.

THE illness of this distinguished philanthropist and divine has been felt throughout the land with all the acuteness of a domestic affliction. No one, in looking back on Dr. Guthrie's career, can fail to admire the genial persistency with which he has thrown himself into the breach that separates rich and poor, and striven to reclaim from a life of misery, immorality, and crime the wretched Arab of the streets. His movement in favour of "ragged schools" has resulted in unheard-of good to the masses "in populous city pent"; and his powerful appeals from the pulpit and through the press in behalf of the poor and needy have contributed to the signal amelioration of their condition. "The City: its Sins and its Sorrows," is one of his many nobly-impressive pictures of the vast field which modern society opens to the philanthropist; while his efforts in the suppression of intemperance have been second only to those of Father Mathew for effective and even humorous persuasiveness. Dr. Guthrie belongs to the well-known Forfarshire family which has contributed so many able and successful surgeons to the profession, civil and military; while in his own walk as a preacher and publicist he is, in some essential features, unrivalled.

THE SANITARY STATE OF SCARBOROUGH.

SCARBOROUGH is beginning to gather the first fruits of its recently appointed medical officer of health, in the form of a clearer knowledge of the health condition and internal sanitary state of the town. Dr. J. W. Taylor, we learn, from an article in the *Scarborough Gazette*, has just presented to the local authority a report on the sanitary condition of this charming watering-place in 1872. The report, according to an abstract given in the *Gazette*, must be of considerable interest, and the journal referred to makes it the text of some very plain teachings for the benefit both of the local authority and of the inhabitants. These teachings will probably be all the more readily listened to because Dr. Taylor has to tell a story of improved health, which must be very gratifying, not to say flattering, alike to the local authority and the inhabitants. It would appear that the death-rate of Scarborough for 1872 was 20·2 per 1000, the average annual rate of mortality having been for a series of years 24·0 per 1000. The reduction of the death-rate in 1872 was no doubt largely dependent upon those general causes which led to a diminution of the death-rate throughout the kingdom in that year. Dr. Taylor, however, believes that other causes were in play in Scarborough which contributed to the reduced death-rate there, and he thinks that "the increased attention given to sanitary matters in the borough has been the means of lessening, in a material degree, the rate of mortality." Let us hope that this lessened death-rate will continue in subsequent years. Of the several recommendations made by THE LANCET Sanitary Commission in respect to Scarborough, in 1871, we gather that, in addition to the appointment of a medical officer of health (made under the Public Health Act, 1872), the staff of sanitary inspectors has been increased, the ventilation of the sewers proceeded with, and more thorough inspection of the town carried out. This is much, but not all, that was needed, as our Commission had occasion to show.

SCIENCE IN HIGH PLACES.

THE lecture on Central Asia, delivered on Saturday morning in Marlborough House by Brigadier-General Adye, C.B., R.A., before his Royal Highness the Prince of Wales, and an audience composed of the *élite* of the aristocracy, is, we trust, the first of a series of similar prelections on subjects of scientific interest. The undertaking, conceived in the enlightened spirit of the late Prince Consort, and carried out with the graceful tact so characteristic of Her Majesty, will, we trust, include lectures on subjects relating to the public health and to the social and sanitary well-being of the community. There are gentlemen in our own profession who on such themes would follow worthily in the track of Brigadier-General Adye, and contribute to the success of a movement so illustrative of the philanthropy of the Court.

STRICTURE OF THE RECTUM.

DR. ERSKINE MASON, Adjunct Professor of Surgery in the University of New York, has contributed an article "On Venereal Stricture of the Rectum" to the January number of the *American Journal of Medical Sciences*, edited by the Drs. Hays, in which he arrives at conclusions that differ in a great measure from those ordinarily advanced. Dr. Mason's main deductions are: that the disease appears peculiar to women, and occurs commonly between eighteen and thirty-five years of age; that the locality of the stricture is, as a rule, between one and two inches from the anus; that anti-syphilitic remedies exercise no beneficial influence over the affection; that syphilitic stricture as a sequence of the syphilitic ulcer is remarkably rare, and that the constriction of the rectum, being really due to chancroid, ought to be termed "chancroidal stricture"; that where constitutional syphilis exists in a patient with this form of stricture, it is a coincidence only; that in the treatment of this affection caustics, no matter of what variety, tend to aggravate the disease. In the majority of cases Dr. Mason's experience of the introduction of a bougie twice or thrice a week is satisfactory. Where the stricture is of the annular variety, firm, and fibrous, he prefers notching it in three or four places, to the extent of not exceeding a line in depth, with a Couper's hernia knife, to forcibly tearing the stricture; and the patient requires to be warned as to the subsequent necessity of occasionally introducing a moderate-sized bougie. In some obstinate cases of ulceration and stricture, lumbar colotomy is a requisite and justifiable measure.

LORD NEAVES AT ST. ANDREWS UNIVERSITY.

WHILE the representative of St. Andrews University in Parliament comes forward as the open assailant of classical literature in education, the Lord Rector of the same seat of learning pleads strongly for the retention of Greek and Latin, if only as the best means of studying the great science of language in general, and of acquiring a thorough mastery over the English language in particular. Lord Neaves had an easy task to perform, but he acquitted himself of it with much more than commonplace effect. He put the old arguments for classical study in a novel light, and introduced original ones of real cogency. In point of style his address was an incidental proof of the refining and invigorating influence of the study for which he pleaded, and stood in marked contrast to the inelegant, even *gauche*, oratory which it is sometimes our duty to comment upon at the opening of the medical year. An anecdote illustrative of his lordship's command, not over English merely, but over Latin, recurs to us. A discussion having arisen among his colleagues on the Bench as to what constituted a libel, his lordship promptly pencilled off his definition in the following distich—

"Quando, ubi, quo pacto, quis quid commiserit in quem,
Recte compositus quisque libellus habet;"

to which he appended the translation—

"A libel tells us (if we follow Hume)
How, when, and where, who did what wrong to whom."

ROTUNDO LYING-IN HOSPITAL, DUBLIN.

DR. JOHNSTON'S annual report of the great Dublin lying-in institution is an interesting and instructive one. From it we find that during the past year there were 1193 deliveries in the hospital, and 130 at the patients' own homes. Of these 1193, there were 931 cases of natural labour, of whom 4 died—viz., one of pyæmia, another of bronchitis, and two of peritonitis. In 131 cases the forceps was used, 95 being primiparæ and thirty-six pluriparæ. Dr. Johnson advocates timely interference with the forceps in cases of lingering labour as of advantage, both in saving the life of the child and in securing the greater safety of the mother. Of these 131 cases there were 9 deaths, or 1 in 14½. There were 104 children born alive, 10 being still-born, &c. In 35 instances the forceps was used before the os uteri was fully dilated. All the mothers recovered but 2, one dying from peritonitis, and the other from diarrhœa supervening on gastritis, which she had on admission. Version was performed in 21 cases, with 5 deaths. Chloroform was used in 131 cases, without any post-partum hæmorrhage; but in every case before its administration a dose of ergot was given. Dr. Johnston concludes by stating that the mortality in the Rotundo Hospital is not so great as that which takes place outside.

THE PREVALENCE OF DIARRHŒA AT WIGAN.

Mr. Netten Radcliffe has been holding an inquiry at Wigan, under instructions from the Local Government Board, as to the prevalence of diarrhœa in that town. Two years ago Dr. Buchanan had investigated and reported upon the sanitary condition of this town. Mr. Radcliffe's inquiry showed that the local authority had done good work in amending several of the evils pointed out by Dr. Buchanan, but that nothing scarcely had been done to improve the abominable midden system which exists in the town. To the nuisance arising from this midden system Dr. Buchanan had largely attributed the inordinate prevalence of diarrhœa in Wigan, and Mr. Radcliffe fully agreed with him. After Dr. Buchanan's visit, a sub-committee appointed to report on his recommendations for improving the midden system had visited and studied improved systems at work in several towns, and had strongly recommended the adoption of the Rochdale pail system of excrement disposal. This recommendation had not been acted upon at the time of Mr. Radcliffe's visit, but it is believed that in consequence of that visit the recommendation will now be carried into effect.

A COUNTY-COURT DECISION.

A somewhat curious decision has been arrived at by the Judge of the County Court at Pembroke, in an action brought by a local practitioner against a Miss Day, housekeeper to a Mr. Hughes. Miss Day appears to have received a broken leg in a scuffle, and the plaintiff attended her until her recovery, and sought to obtain the modest sum of £3 3s. for his services. The defendant attempted to shift her liability on to the shoulders of the person who injured her; but in this the Judge told her she was wrong, although she probably had a remedy against him. But he further ruled that the defendant was not liable. She was, he said, the servant of Mr. Hughes; and it was a general rule, in the absence of a specific contract to the contrary, that a master was responsible for medical attendance upon servants in his house, as for any other necessary. He therefore held that Mr. Hughes was the person liable, and he nonsuited the plaintiff, but without costs. We are informed that the plaintiff in the action is a Licentiate of the Edinburgh College of Physicians, so that possibly there might be some further question with regard to his right to recover in a surgical case.

SMALL-POX IN ST. PETERSBURG.

The latest official account of the progress of small-pox in St. Petersburg is dated the 9th inst. On that day the number of new cases reported was 10, the number of deaths 5, and the number of cases under treatment 217. From the first appearance of the disease on the 13th of April, 1872, to the 9th of February, 1873, inclusive, the numbers of cases, recoveries, and deaths from small-pox in this city have been as follows:—Cases 5020 (males 3195, females 1825), recoveries 3115 (males 2026, fem les 1089), deaths 1695 (males 1048, females 647).

The Kensington Board of Guardians will shortly ask the Local Government Board to rescind the order relative to the new infirmary lately erected in the district, which provided for its administration as a separate establishment, and allow them to manage it as a part of the old workhouse. The objections urged against the present system are that it involves unnecessary work and outlay, and a hope was expressed at the last meeting of the guardians that they should sternly contest the question with the Local Government Board, who had overruled them too long.

We learn that a statement that has appeared to the effect that the 20th Hussars on their arrival from India had been compelled to shave off their beards, contrary to the advice of the medical officer in charge, and that several of the men had in consequence been laid up with sore throats and bronchitis, is unfounded. Still, it is a fact that beards are prohibited in the army in this country; and it certainly seems something more than paradoxical to allow soldiers serving in the tropics to wear their beards where they are not required, and to require them to be shaved off in the raw weather of England where they are. Orders are orders, and must be obeyed; but to our minds a bearded soldier presents a more improving military spectacle than the shaven son of Mars.

The Board of Guardians of the Westminster Union have been asked by the Vestry of St. James's "to instruct their vaccination officers, when visiting houses in the Union for enforcing vaccination, to notice and report any instances in which infants are kept so as to become subject to the provisions of the 'Infant Life Protection Act, 1872.'" This is an excellent suggestion, which we hope will be carefully considered and utilised.

The Edinburgh Graduates' Club held its annual meeting on Wednesday, the 12th of February. A resolution was passed to the effect that His Royal Highness the Duke of Edinburgh be requested to become the president of the club. A letter from Sir Henry Holland was received expressing regret that a professional call at the last moment prevented his attendance.

On Friday, the 14th inst., a patient died under the influence of chloroform in Sir Patrick Dun's Hospital, Dublin, while undergoing amputation. The coroner's jury subsequently gave a verdict of "Accidental death," and laid great stress on the necessity for thorough examination of patients before giving them chloroform.

The Sanitary Committee of the St. James's (Westminster) Vestry have allowed their analyst, Dr. Lankester, a microscope of the value of £30, together with £20 for the purchase of the necessary chemicals. We hope that other metropolitan vestries will be equally liberal in considering the question of a microscope for their analysts.

A horse census will shortly be taken in France. The horses will be divided into three classes: animals worth 1500 francs, those worth 1200 francs, and those worth 1000 francs, all liable to military service. The commission of classification will be half civil and half military.

On the occasion of Dr. Brewer, M.P., taking his seat at the Metropolitan Asylums Board, Sir James Hamilton proposed a resolution, which was unanimously carried, congratulating him upon his return and restoration to health.

At the annual meeting of the Sussex County Hospital, Brighton, held on the 19th inst., it was stated that the special appeal after the fire last year had produced nearly £3000.

We regret to announce the very serious illness of Dr. Bence Jones, who is suffering from ascites, attended with great anasarca of the lower extremities.

According to the latest accounts from Australia, the meat-preserving trade was exhibiting symptoms of stagnation.

Hospital Sunday was held in Leeds last Sunday, and produced £1200.

ROYAL COLLEGE OF PHYSICIANS.

A MEETING of the Fellows was held on Tuesday last to take into consideration the Report of the Council upon the nomination of Fellows, recently submitted to the College, and which we published in full last week.

The PRESIDENT, in opening the discussion, remarked that every Fellow had had an opportunity of carefully considering the Report of the Council. The subject had been most carefully considered by the Council at several meetings, prolonged in some instances far on towards midnight. Indeed, the question of nomination had been considered in all its bearings, whilst a variety of suggestions had been submitted for consideration during the deliberations of the Council before the final report was adopted. The Council was anxious that full justice should be done to all the members of the College, and hoped that their report would be looked upon as having been conceived in a liberal spirit. The question of liberality was, however, rather one of justice, for the College, as a whole, had to be considered as well as the special claims of its members. In doing justice to the members it was necessary to avoid by any false liberality doing injury to the College. The Council sought to avoid indiscriminate admission to the Fellowship, but at the same time to deal fairly both to the College and its members. It was a mistake to imagine that the Council had not followed of late a liberal policy in the College. During the last three years, for instance, the number of Fellows admitted had been forty-nine, but the Council had recommended no less than sixty for admission to that honour; and if the same liberality were continued, the number of Members would soon be greatly reduced or done away with. No doubt the existing plan of nominating Fellows had its defects, but it was hoped that all these would be remedied by the adoption of the plan now proposed to the College for its adoption.

The report of the Council on the subject was then read by the Registrar.

Sir WILLIAM GULL, in proposing that the report should be adopted, remarked that there were one or two points in the report that might well undergo modification. He thought that instead of any two Fellows being required to recommend a Member for the Fellowship, it should be admissible for any single Fellow to do this, or any number of Fellows together in a body if they wished to do the same. He did not intend to make such a proposition at the moment, but would be prepared to suggest the alteration at a convenient time. He thought, also, that any Member of the College of four years' standing might personally express his wish to become a Fellow to the Council, stating the grounds upon which he thought his election might be fairly based, and adding the name of any Fellow who supported his application. He thought, moreover, that there should be a record kept in the College in which the grounds upon which a man's claims were made might be put upon record. The Council was not a fixed body of men, and such a record appeared desirable on that account. He thought also that any five or more Fellows of the College should be able to call a meeting of the College to confer about the question of the election to the Fellowship in certain cases. He would be prepared to advance these propositions, but only now formally proposed the adoption of the report.

Dr. SIBSON seconded the motion, and objected to any alteration being made in the report. He entered on an exposition of the necessity of keeping up the dignity of the College, and the importance of selecting only good men for the Fellowship.

Dr. BLAKISTON asked what was meant by "social position" as a qualification for nomination to the Fellowship. This expression referred generally to a man's birth, the society he kept, his mode and style of living, &c. It would be very difficult to get information on these points, and much tact would be needed to succeed in the attempt. The difficulty might be removed if the College would adopt the test referred to by a witness who, on being asked by the judge what he meant by the respectability of a certain individual, replied, "If you please, my lord, he keeps a gig." If the report was to be adopted as it stood, it would be as well that the Council should define what was meant by "social position."

The PRESIDENT suggested that the report should be read and submitted to the meeting paragraph by paragraph, and intimated that Dr. Blakiston could put his question when the paragraph in which the term to which he referred occurs should be read.

Dr. BUCHANAN rose to speak on a point of what we might call order. He wished to know what was the signification of the report as affecting the existing bye-laws. Would the alterations as regarded the qualifications of Members for nomination to the Fellowship, if adopted, necessitate a change in the bye-laws?

The President gave Dr. Buchanan a similar reply to that which he gave Dr. Blakiston.

The REGISTRAR then read the following paragraph of the Council's report: "In order to secure the attendance of the members of Council at the meeting when the nominations take place, the bye-laws of the College impose a fine of one guinea on each absent member of Council; and the Council now recommends, as a further security for the fuller consideration of the merits of members, that the number required to form a quorum at that meeting of Council be raised to fifteen, the number of votes required for a nomination remaining as at present."

The PRESIDENT then requested the Registrar to reply to Dr. Buchanan's statement, and the Registrar stated that if the College adopted the paragraph just read it would be necessary for him to prepare a new bye-law (or regulation), which would be brought before the College for adoption subsequently.

Dr. C. J. B. WILLIAMS said that the proposal in the paragraph as regards the number of Councillors required to form a quorum would increase the difficulties under which members were admitted to the Fellowship, because of the difficulty of getting fifteen to attend. It would certainly tend to prevent a small minority from excluding a member, but increase the difficulty in the actual selection of Members for Fellows. He would be prepared, if anyone would second it, to propose that a simple majority in the Council should determine the nomination of Fellows. A large number of gentlemen proposed as Fellows had been set aside. He had brought forward a list of seventy Members in all at different times, and of these fifteen only had been elected, forty not having been selected for nomination. Greater facilities for securing the nomination of Fellows were needed. The President's statement proved, not that the College was electing too many Fellows, but that the College was losing its popularity, and the number of Members falling off.

The PRESIDENT said this statement of Dr. Williams's was scarcely in accord with the facts that had been stated.

Dr. WILLIAMS proceeded to argue that the College was not liberal enough to the profession at large, and recapitulated the opinions he had expressed on a former occasion on this subject. He had heard the flattering speeches of the two senior censors as regarded the liberality of the College, but he condemned such self-laudation. The College was not liberal enough he repeated, and was too restrained in its action towards the Members and the profession at large. "The voice is the voice of Jacob, but the hands are the hands of Esau." He concluded by expressing himself in favour of the substitution of "a simple majority," for the proposition suggested by the Council in deciding upon nominations for the Fellowship, and would move a resolution to this effect.

Dr. RISDON BENNETT said it was necessary for some one to move the adoption of the paragraph under discussion first of all, and he did so. He observed that the doings of the Council are considered to be secret, but Dr. Williams had divulged certain of the Council secrets. [Dr. WILLIAMS here dissented, but the President intimated to him that he had given the number of Members who had been refused nominations.] He (Dr. Bennett) must therefore so far follow Dr. Williams [who here said that the facts he had given came out in published statements concerning the College] as to protect the Council, and he was compelled to say that Dr. Williams himself was obliged to withdraw the greater number of the names he had submitted to the Council. The Council had decided, after much deliberation, not to adopt the "simple majority" plan. It came to this: Is it desirable that less than ten members of Council should determine the nomination in the Council? If the nominations were agreed to by less than two-thirds of the Council, what chance would there be that the Fellows would

elect? If to that extent the Council did not agree, would it not be likely that blackballing would be common?

Dr. STEWART seconded Dr. Bennett's motion in terms of approval of the Council's report.

Dr. EDWARD SMITH thought the nomination had much better be settled by a majority. This plan was the rule of the country in great matters; and he seconded Dr. Williams's proposition, which became an amendment to Dr. Bennett's proposal.

On a vote being taken, Dr. Williams's amendment was lost.

The paragraph as read by the Registrar was then adopted.

The following paragraph was then read:—"That it be an instruction to the Council in determining the fitness of Members for nomination to the College for election to the Fellowship to take into consideration, in accordance with bye-law chap. xi. section 4, standing in the College, academical honours, distinction in literature or science, professional eminence, public appointments, and social position."

Sir WILLIAM GULL said, in reference to Dr. Blakiston's question, that the term "social position" was meant to refer to the cases of those who had ceased perhaps to have any direct connexion with the profession, but who held such ranks as those of a M.P. or J.P., or a County Coroner.

A discussion followed as to what the Council meant by social position, Dr. WEST remarking that he should have taken its use to indicate that what was required of the Member to be made a Fellow was, that he, rich or poor, had conducted himself in the eyes of his fellows as a gentleman.

The term was finally retained.

The last paragraph gave rise to some little discussion, and it ran as follows:—"Any two Fellows of the College may propose for the consideration of the Council for nomination for the Fellowship, any Member of the College of at least four years' standing who has distinguished himself in the practice of medicine, or in the pursuit of medical or general science, or literature. The grounds of the recommendation must be fully stated in writing for the information of the Council, and be forwarded to the Registrar on or before the 24th of June."

Sir WILLIAM GULL objected to limit the power of recommending a Member for the Fellowship to any two. He said it was a contradictory mode of procedure to call individually upon the Fellows in one part of the report for information, and then say that two Fellows must sign a recommendation, but he moved the adoption of the paragraph as it stood *pro forma*.

Dr. SIBSON seconded the motion, and deprecated any change from the plan suggested. He objected to more than two Fellows being allowed to recommend, because it would open the door to the practice of canvassing.

Dr. BARCLAY agreed with the Senior Censor in his remarks. He did not understand that there was to be any limitation as to the number of Fellows recommending to the Fellowship when the matter was discussed in the Council. But, oddly enough, Dr. Barclay then proposed that for "any two Fellows" in the paragraph, the words "any Fellow" should be substituted.

Dr. BARNES seconded this motion, which was carried.

Dr. WILLIAMS then withdrew for the present the motion of which he had given notice.

THE PUBLIC HEALTH ACT.

A CONFERENCE of representatives of the urban and rural sanitary authorities in Berkshire has been held in the Grand Jury-room of the Reading Assize Courts. Mr. J. J. Henley, the general inspector of the Local Government Board for the district, attended. There were also present—Mr. Walter, M.P., Admiral Sir F. Grey, Sir Warwick Moorshead, Sir Charles Russell, the mayor of each town excepting Windsor, and a representative from each union except Farringdon. The object of the conference was to consider whether each sanitary authority should appoint a medical officer of health under the 10th section of the new Act, or whether the principle of combination should be adopted, so that there should be one for the entire county, and each district contribute proportionally to the salary. The question led to a long discussion. Sir Warwick Moorshead proposed that the different sanitary authorities should, for a period of twelve months, act independently of each other as regards the appointment of a medical officer of health. The Rev. J. F. Collins seconded the motion. Mr. Bowles thought the Act was passed because certain of the local authorities would not carry out the provisions of the Nuisances Removal and Diseases Prevention Acts, and it became their duty loyally to accept the new Act, and energetically to carry it out. Holding the principle that one efficient independent man would be better than having a local man for each union district, he proposed as an amendment, "That, recognising the principle of combination, it is desirable that the county of Berks be divided into two or more districts, and that the several town and country sanitary authorities be respectively invited to co-operate in the appointment of a medical officer of health." Mr. Hibbert (Cookham) seconded the amendment. The chairman took the opinion of the conference by a show of hands, when there were 18 for, and 18 against it. At an urgent request, a second show was taken, when there were 20 for, and 18 against the amendment. The conference then adjourned until Feb. 15th. At the adjourned meeting, Windsor (urban and rural), Easthampstead, Wantage, and Farringdon, were not represented. Resolutions were carried that one medical officer of health should be appointed, for a term of three years, for the joint areas of the districts that had agreed to combine, and that his salary (inclusive of travelling and other expenses) should not exceed £800.

At a recent meeting of the various boards of guardians in the county of Salop, held at Shrewsbury (Mr. W. Layton Lowndes in the chair), Mr. Uvedale Corbett, inspector to the Local Government Board, stated that the following unions had expressed a wish to amalgamate for the purpose of forming a united district for the appointment of a medical officer under the Public Health Act:—Bridgnorth, Atcham, Shiffnal, Forden, Newport, Church Stretton, Ludlow, Clun, Cleobury Mortimer, and Penbury. The districts of Market Drayton, Ellesmere, Oswestry, Wellington, Whitchurch, Dew, and Shrewsbury had refused to join. It was proposed that the assenting unions should be formed into one medical district, which was carried. It was also agreed that a medical officer be appointed for two years, at a salary of £800 a year, to include travelling and all other expenses, the gentleman elected to devote the whole of his time to the duties of the office. This scheme will have to be submitted to the respective boards of guardians, and on their assent being obtained, a sub-committee will take the necessary steps for the appointment of a medical officer.

A meeting of the sanitary authorities within the Brunskirk Union was lately held in the Town-hall, Southport, the Mayor of Southport presiding. Mr. Uvedale Corbett, the Local Government Board Inspector, suggested the grouping of the twenty-one townships in the union on the principle of economy and efficiency. It was stated that a rate of one halfpenny in the pound on the rateable value of the five districts in which the townships are grouped for Poor-law purposes would produce the sum of nearly £700, the salary named for the medical officer. The chairman stated that the feeling was that the petty sessional division of the districts would be most satisfactory; and Dr. Barron, in supporting this arrangement, explained that if this division were adopted the union would be divided into two districts for health purposes, each giving a salary of £400 to its medical officer. "No man," Dr. Barron asserted, "could conscientiously undertake to cover the large extent of the union." The meeting approved of the petty sessional division for health purposes.

At a meeting of representatives of the six Unions of Epsom, Dorking, Godstone, Reigate, Hambledon, and Guildford, lately held at Dorking, Mr. Henley, one of the general inspectors of the Local Government Board, recommended that, as regards the appointment of medical officers and inspectors of nuisances, several Unions should unite together, and offer such remuneration as would ensure their whole time and attention to the duties required of them. He believed that by centralising instead of localising such appointments, there would result "independence, efficiency, and economy." The Hon. F. Scott, who followed Mr. Henley in addressing the meeting, strongly objected to the

views expressed by Mr. Henley, and the meeting ultimately passed a resolution to the effect that the object of the Public Health Act of 1872 would for the present be best obtained "by having areas of supervision of moderate extent."

Representatives of the sanitary authorities of Canterbury, Ashford, the Unions of East Ashford, West Ashford, Blear and Bridge, recently met Major COX, one of the general inspectors of the Local Government Board, at the Guildhall, Canterbury, to confer with him on the appointment of a medical officer of health. Major Cox urged the amalgamation of the different districts for the purpose, and, according to the *South-Eastern Gazette*, supported his proposition by arguments which are curiosities in their way. He said, it is reported, that the duties of a medical officer of health were different and distinct from those of the ordinary medical practitioner: the former must be acquainted with the causes which produce disease, and the best methods of preventing it, while the latter devoted his attention mainly to the means of curing it when it did exist. The medical officer must be a man thoroughly conversant with sanitary medical science—a science to which professional attention had only of late been directed; he must be a man whose studies had been devoted to that especial science, to the exclusion of all other branches of the medical profession (!), and so forth. Resolutions were carried to the effect that it was desirable that the districts represented should combine for the purpose of appointing a medical officer of health, and that the salary of the medical officer for the combined districts should be £800 a year, inclusive of travelling expenses.

At a meeting of representatives from all the Unions in the county of Cornwall, held recently at St. Austell, for the purpose of discussing the question of the appointment of medical officers of health, Mr. Wodehouse, one of the general inspectors, and Mr. C. A. Dawson, one of the assistant inspectors of the Local Government Board, were present. Mr. Wodehouse had advocated the appointment of one medical officer of health for the entire county. After a protracted discussion, chiefly turning on the question of the practicability of one medical man doing the duties required from him for the whole county, and after a final expression of opinion from the Chairman to the effect that "the officer of health need not visit every place, and that he would have reports made to him by inspectors of nuisances, and would be very much like the chief constable of the county," a motion was agreed upon, twenty-nine voting for and twenty-one against, to the effect that it was desirable to have one or two medical officers of health for the rural sanitary authorities of Cornwall.

The rural and urban sanitary authorities lying between the Coquet and the Tweed have, it is reported, fallen into a state of considerable confusion in respect of the Public Health Act. It would appear that Mr. Cully, one of the assistant-inspectors of the Local Government Board, had suggested a union of several districts for the appointment of a medical officer of health, to be paid an annual salary rateably upon the basis of population. The Alnwick and Rothbury urban authorities refused from the outset to accede to this suggestion. Berwick first consented, but subsequently hesitated, and resolved to wait for further light. The delegates of the Alnwick, Glendale, and Belford rural sanitary authorities accepted the scheme, but the Alnwick Board refused to adopt the report of its delegates. Meanwhile the guardians of the Alnwick Union resolved to appoint an inspector of nuisances, to make a systematic and thorough inspection of all parts of the union, his office to continue one year.

At a meeting of the sanitary authorities for the Warwick Union, held on Saturday, the 15th inst., a large number of rural guardians being present, the following resolution was adopted:—"That the rural sanitary authorities of Warwick, Solihull, and Rugby Unions be formed into a joint district for a medical officer of health, and that the urban authorities of Leamington, Warwick, Rugby, Milverton, and Lillington be invited to join, with the view of the appointment of one medical officer of health for such rural and urban district, with power, if thought advisable hereafter, to join other rural or urban authorities to such proposed district." A final decision on the question of the appointment of a health officer will be given by the various authorities mentioned on the 26th inst.

On Tuesday last there was a combined meeting of the Malton Guardians and the Malton Board of Health, to determine the day of election of the medical and sanitary officers. It was decided to advertise in the local papers only; that the medical officer shall have £300 per year and the inspector £150 per year. The election is fixed for the 8th of March.

Correspondence.

"Audi alteram partem."

"ECONOMY OF THE EALING GUARDIANS."

To the Editor of THE LANCET.

SIR,—Your number of to-day contains an allusion to a case of mine, in which I performed Syme's operation in the Ealing Cottage Hospital a few months ago, and for which operation and the subsequent treatment the guardians of the Brentford Union refused payment on the plea that I had received no order. I removed the item from my half-yearly extra account, and referred the question to the Poor-law Board, meaning when the case was complete to forward you particulars for public caution, as having an important bearing upon the interests of surgeons in all parts of the country now that cottage hospitals are so generally spreading, and, I may add, conferring an immense amount of benefit upon the poor wherever they are in operation. As I have been in some way forestalled, probably by some zealous friend, I may as well at once give some account of the case of amputation and of others which have occurred during a little more than a year, the cottage hospital having only been opened for the reception of patients about the middle of December, 1871.

A poor woman met with an accident about four years ago which caused ulceration amongst the cartilages of the foot and caries of some of the tarsal bones. Latterly the pain had become so bad that she could do nothing towards getting her own living, and having become a widow with a family to support, she was placed upon the list of permanent paupers, which is annually sent to me, and is good for one year, dating from time to time. The permanent pauper is provided with a paper, having my name upon it, the hour at which I am likely to be at home, and is also good for one year from time to time. I have always regarded these documents as orders, and in cases of extras have always until now been paid without being called upon to produce a special order; and so far as I know, without my right to payment being questioned, and this has lasted for twenty-four years.

On the very first day of the cottage hospital being opened, a woman aged eighty-six was admitted with femoral hernia, also on the permanent list. I operated successfully, made my charge of £5, stating her position as a permanent pauper as a reason for there being no order, and received payment. I suppose the guardians took alarm, for the next extra was not paid for—a fractured leg. It occurred at nearly 11 P.M. The man's house was wretched, beds included, and I sent him to the cottage hospital without first securing an order, being unwilling to disturb the relieving officer after he had gone to bed. The patient's family received parochial relief for many weeks, but the guardians would not pay for the treatment. I asked one of their number why payment was refused. His answer was, "We do not want you to treat these cases; they ought to be sent to a London hospital, for we pay a handsome subscription to one for that purpose," so shifting the expense from our own union to the pockets of the benevolent in the metropolis.

The questions I have put to the Poor-law Board are these:—1st. Whether the permanent list forwarded to me and the paper given to the pauper constitute an order? 2nd. If they do, whether the fact of a charitable individual paying for the maintenance of such pauper in a cottage hospital in my district breaks the chain of pauperism for the time being, and absolves me from the obligation of attendance upon the individual as parish surgeon? If this latter view is that which is recognised by the Poor-law Board, I think the sooner some alteration in the law is effected the sooner the cause of justice and humanity will be served, for the extras are to many men in country prac-

tice an important item in their yearly income, which they cannot afford to lose; and if payment is denied for such extra cases treated in cottage hospitals, they will be obliged to continue, as of old, to treat them under the damaging influences of the cottage homes. Hoping this letter may elicit some information from other quarters,

I am, Sir, yours faithfully,

Heathfield House, Ealing, Feb. 14th, 1873. JOHN GOODCHILD.

THE CLINICAL SOCIETY.

To the Editor of THE LANCET.

SIR,—Can you give me any notion why the rules of the Clinical Society are systematically disregarded by its members? That they are so is beyond dispute, as witness its proceedings with reference to the following regulations, which are printed on the back of the card that is issued to every member at the beginning of each session:—

"Reports of cases of which the records are complete must be forwarded to one of the secretaries a week before it is intended to communicate them to the Society. As regards *short communications*, a brief statement of the principal facts must be made in writing to one of the secretaries before the day of meeting.

"The Council are of opinion that, as a rule, no communication should be of such a length as to require more than ten minutes for its delivery."

I will venture to say that these regulations have been more frequently broken through than observed. It must be evident that the first cannot have been regarded by the readers of papers on Friday evening last. Had the first clause been duly observed, the Society had never been committed to such an exhibition as took place on that occasion. Were the last strictly enforced, we should not see gentlemen advancing towards the President's table with a bundle of papers big enough for a counsel's brief, instead of the short, practical communications for the special reading of which this Society was instituted. The Society is, if I rightly apprehend its purposes, not intended to rival the older societies which are more particularly suitable for the reading and discussion of elaborate papers, but intended to supplement these, and to afford an opportunity for the discussion of the practical points that may arise out of cases possessing interest enough to be brought under the notice of practical men.

With whom may lie the blame of our irregularities I do not pretend to say; but of this I feel assured, that unless the rules of the Society are more strictly enforced, it will ere long cease to command the respect and confidence of the profession. Whereas, on the contrary, if the Council be supported as to the observance of their regulations, the Society must succeed and thrive, for it is in its essential objects *haud ulli veterum virtute secunda*.

I am, Sir, your obedient servant,

A MEMBER OF THE CLINICAL SOCIETY.

London, Feb. 17th, 1873.

BIRMINGHAM.

(From our own Correspondent.)

AT the last meeting of the Town Council, a long discussion took place with reference to a proposition that the successor of Dr. Alfred Hill, the late surgeon to the Borough Gaol, be paid the same sum as was paid to that gentleman—viz, £200 per annum. An amendment to the effect that the salary in future be £100 per annum was carried, the intention of the supporters of the amendment being that Mr. Whitcombe, assistant-surgeon at the Borough Asylum, should be appointed, and by holding the double appointment, save the Council £100 a year. Such parsimony is most unwise. The duties of each appointment are sufficiently onerous, and the payment given to either is already far from adequate. Fortunately the appointment of surgeon to the gaol rests with the magistrates, and not with the Council, so probably this paltry proposition may not be adopted after all; and if it should be, the Commissioners of Lunacy have still the power of preventing one of the officers of the asylum from undertaking other duties; and it is to be hoped that they will exercise it.

The small-pox wards at the workhouse are to be forthwith closed. There being now only eight patients in the infirmary and very few cases in the town, the guardians consider there is no longer any necessity to provide special accommodation for that class of cases.

Mr. Darwen, the newly-appointed officer of health for the Balsall Heath district, reports that, from an analysis of twenty-four samples of water, he finds that not one of the number is pure.

An interesting discussion has recently been held at Tamworth between Mr. Edwin Chesshire, of Birmingham, Major-General Scott, and others, as to the best means of draining towns. Mr. Chesshire advocates the interception of solid fæcal matter before it gets into the drains, and its immediate application to the land. Major-General Scott pointed out that in this way the fertilising properties of the urine would be lost, and thereby the value of the excrementitious matters greatly diminished. He recommended irrigation of the land, after the addition of lime to the sewage; then that the solid precipitated portion should be burnt with fire and converted into cement, the cement being formed from the clay which was washed off the surface of the streets, and from the lime used to ensure precipitation.

A large and influential committee, of which Mr. Gamgee is secretary, has been formed to organise and carry out the Hospital Sunday movement in this town. An appeal has been issued by the Mayor, informing the public that "it is proposed to divide the proceeds annually, and in proportion to the expenditure of all the medical charities in the relief of the sick and suffering poor." March 16th is the day on which simultaneous collections will be made in the various industrial establishments throughout the town and district. This effort will admirably supplement the good work first commenced here in the institution of "Hospital Sunday."

Earl Beauchamp presided at the annual meeting of the governors of the Children's Hospital. The income was £2553, and the expenditure £2938. There have been 9467 out-patients, 816 in-patients, and 106 home patients. The number of out-patients is less by 1345 than it was in 1871. The subscriptions amounting to only £1500 per annum, an urgent appeal is made for further donations and support.

Feb. 8th, 1873.

Parliamentary Intelligence.

HOUSE OF COMMONS.

IN the first week of the session—

Colonel BERESFORD gave notice that he would, on the 7th of March, move for the appointment of a Select Committee to inquire into the metropolitan water-supply.

Mr. STANSFELD, in answer to a question, stated that the sanitary digest was in type, and would shortly be distributed.

Mr. DALRYMPLE obtained leave to bring in a Bill for the better management of habitual drunkards.

Mr. W. FOWLER obtained leave to bring in a Bill to repeal the Contagious Diseases Acts.

Mr. MUNDELLA obtained leave to bring in a Bill for the amendment of the Factory Acts.

Mr. GILPIN obtained leave to bring in a Bill for the abolition of capital punishment.

Mr. CHARLEY obtained leave to bring in a bill to amend the Bastardy laws.

Sir C. ADDERLEY drew attention to the fact that Her Majesty's speech contained no reference to sanitary legislation.

FEB. 13TH.

Mr. STANSFELD, in reply to Dr. Lyon Playfair, said that a Bill on the registration of births had been drawn, which he hoped would be introduced into the House of Lords in a few days.

FEB. 14TH.

Mr. C. READ moved for a Select Committee to inquire into the operation of the Contagious Diseases (Animals)

Act, and the constitution of the Veterinary Department of the Privy Council.

FEB. 17TH.

Mr. W. FOWLER obtained leave to bring in a Bill to amend the law regulating the custody of infants.

Mr. BRUCE, in reply to a question respecting the alleged destruction of infant life in Liverpool by employing pregnant women to spin yarn, said that an inspector had examined into the matter and found that there was no foundation for the report; on the contrary, the women so employed were unusually healthy, and compared favourably with those employed in factories.

Sir C. ADDERLEY informed Mr. Raikes that it was his intention to reintroduce his Public Health Bill of last year, and he hoped to have the support of the Government.

FEB. 18TH.

Mr. BRUCE, in reply to a question, said that each of the twelve inspectors of mines should have an assistant possessing the same qualifications as himself, and subject to the same examination.

The O'CONNOR DON gave notice that in the event of the University Education (Ireland) Bill going into committee he would move an amendment that the Queen's College, Cork, be placed in the same position as the Queen's College, Galway.

FEB. 19TH.

Mr. C. S. READ, in moving the second reading of the Agricultural Children Bill, explained that its main principles were modifications of the provisions of the Factory Act. The Bill was read a second time.

Medical News.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—The following gentlemen have been admitted Licentiates of the College:—

Atthill, William Eyre Biennerhassett, Muswell-hill.
Brown, James, Leeds.
Chicken, Rupert Cecil, Guy's Hospital.
Groves, Henry Joseph Firth, Oakley-crescent, Chelsea.
Hope, Samuel Wilson, Berlin House, Dulwich.
Hopper, Arthur Richard, Arundel-street, Strand.
Richmond, Onslow Robert, Hornsey.
Snell, Simeon, Belitha Villas, Barnsbury.
Williams, Henry, Guy's Hospital.
Zimmerman, Richard, M.B., St. Thomas's Hospital.

APOTHECARIES' HALL.—The following gentleman passed his examination in the Science and Practice of Medicine, and received a certificate to practise, on Feb. 13th:—

Joseph Ward, Warwick.

The following gentlemen also on the same day passed their Primary Professional Examination:—

Thomas Robt. Hood Clunn and Henry Francis Eastall, Guy's Hospital.

INDIAN MEDICAL SERVICE.—The following is a list of candidates who were successful at the competitive examinations held in London in August, 1872, and at Netley in February, 1873, after having passed through a course at the Army Medical School at Netley:—

	Marks.
Brereton, S. (Herbert Prize), Dublin, London, and Paris...	5459
Moriarty, M.D., Dublin	5120
Price, G., Belfast and Dublin	5118
Bovill, E., London	4965
O'Brien, R., Cork	4645
Dundas, G. A., London	4315
Hill, H. W., Edinburgh	4290
Ahmed, Z. A., Calcutta, Glasgow, Edinburgh, and London	4280
Levinge, E., Dublin	4265
Rogers-Harrison, A. N., London	4133
Gilligan, W. A. G., Dublin and Edinburgh...	4045
Beech, L., London	3915
Griffiths, W. E., London	3881
Cullimore, D. H., Dublin	3861
Esmonde-White, H. P., Dublin	3770

COLLEGE OF PHYSICIANS, IRELAND.—At examinations held on Feb. 11th, 12th, and 13th, the following gentlemen obtained the licences in Medicine and Midwifery:—

MEDICINE.—Philip Forth Casey, John Lloyd Ellis, James M'Cloghry, Charles Wm. Magrane, Nicholas Crawford Ross, Edward Ross Mulock.
MIDWIFERY.—James M'Cloghry, Nicholas Crawford Ross.

MR. W. GRIMES PALMER, Medical Officer for the Loughborough Union, has been awarded £29 for successful vaccination in his district.

FIVE inquests were held in Liverpool on Tuesday last, on cases in which death had been produced or accelerated by drink.

THE Brighton Hospital for Sick Children is, we understand, to be enlarged by the addition of a new ward for hip disease and chronic cases. The Committee of Management desire that this ward should be, as far as possible, self-supporting.

HUNTERIAN SOCIETY.—The following officers for the session 1873–74 have been elected:—President: Mr. T. Bryant. Vice-Presidents: Dr. Clapton, Messrs. Sydney Jones, R. U. Wallace, and John Couper. Treasurers and Trustees: Drs. T. M. Daldy and H. I. Fotherby. Librarian: Dr. Burchell. Secretaries: Messrs. F. Gordon Brown and Waren Tay. Council: Drs. Herbert Davies, Major Greenwood, H. G. Sutton, F. H. Simpson, W. B. Woodman; Messrs. J. E. Adams, H. Berry, M. Brownfield, D. De Berdt Hovell, Albert Kisch, George Mundie, and W. Rivington.

HOSPITAL FOR SICK CHILDREN, GREAT ORMOND-STREET.—The twenty-first anniversary festival of this institution was held on Wednesday evening at Willis's Rooms, under the presidency of the Duke of Argyll, supported by Viscount Gort, the Bishop of Ely, Lord Colin Campbell, &c. In the course of his speech the noble chairman explained at some length his views on out-patient administration and the relief of the poor, being personally strongly opposed to the system of compulsory relief, which he believed tended to increase pauperism.

MANCHESTER ROYAL INFIRMARY.—Additional medical officers appointed—viz., Assistant-Physicians, Daniel J. Leech, M.B. Univ. Lond., and Christopher C. Ritchie, M.D. Univ. Edin.; Assistant-Surgeons, Samuel Messenger Bradley, F.R.C.S. Eng., and Walter Whitehead, F.R.C.S. Edin.; Ophthalmic Surgeon, Thomas Windsor, M.R.C.S. Eng.; Obstetric Physician, John Thorburn, M.D. Univ. Edin.; Dental Surgeon, George W. Smith, M.R.C.S. Eng. and L.D.S.

BEQUESTS TO MEDICAL CHARITIES.—Mr. J. B. H. Bennett, of Tutbury, bequeathed £1000 each to the Stafford, the Derby, and the Nottingham General Infirmaries. The Bristol General Hospital has received £300 under the will of Mr. Robert Charleton. Miss Elizabeth Angel, of Hinton, bequeathed £200 to the United Hospital and £100 to the Eye Infirmary, Bath.

Medical Appointments.

ALFORD, H. J., M.D., has been appointed Medical Officer of Health for the Taunton Urban and Rural combined Sanitary Districts: £200 per annum.
ASHE, I., M.B., has been appointed Resident Medical Superintendent of the Londonderry District Lunatic Asylum, vice Smith, deceased.
BARNARDO, F. A. E., L.K.Q.C.P.I., has been appointed Medical Officer of Health for District No. 3, 1st Division, of the Northleach Rural Sanitary District.
BENNETT, A. W., M.A., B.Sc., Graduate of London University, has been appointed Lecturer on Botany at St. Thomas's Hospital Medical and Surgical College, vice the Rev. J. W. Hicks, resigned.
BIDDLE, C., L.R.C.P.L., M.R.C.S.E., has been appointed Medical Officer for the Merthyr Tydfil Union Workhouse, vice Gabe, resigned.
BLACKSHAW, T. W., M.B., M.R.C.S.E., has been appointed Public Vaccinator for Stockport, Cheshire, vice J. Blackshaw, M.R.C.S.E., resigned.
BLOXAM, J. A., F.R.C.S.E., has been appointed an Assistant Surgeon to Charing-cross Hospital.
BROOM, C., M.R.C.S.E., has been appointed Medical Officer for the Cadbury District of the Tiverton Union.
BUTLER, F. T., M.D., has been appointed Assistant Medical Officer to the Borough Lunatic Asylum, Newcastle-on-Tyne, vice King, appointed Medical Officer to the United Parishes of Whittlesey.
CLAPHAM, W. C. S., L.R.C.P.L., late Clinical Assistant, West Riding Asylum, Wakefield, has been appointed Assistant Medical Officer to the Hoxton House Asylum, London.
COOPER, W., M.R.C.S.E., has been appointed Medical Officer of Health for the Widnes Urban Sanitary District: £40 per annum.
CORNWALL, J., F.R.C.S.E., has been appointed Medical Officer of Health for District No. 3, 2nd Division, of the Northleach Rural Sanitary District.
DE SANCTIS, L., M.B., C.M., has been appointed House-Surgeon to the Dumfries and Galloway Royal Infirmary, vice Edgar, resigned.
DIXON, J., L.R.C.P.Ed., L.R.C.S.Ed., has been appointed Medical Officer for the Whitehaven District of the Whitehaven Union, vice Lumb, resigned.
FERGUSON, D. W., L.S.A., has been appointed Medical Officer, Public Vaccinator, and Registrar of Births &c., for the Newport District of the Howden Union, Yorkshire, vice Raines, deceased.
FERGUSON, G. B., M.B., M.A., M.R.C.S.E., late House-Surgeon to St. Bartholomew's Hospital, has been appointed Surgeon to the Cheltenham General Hospital and Dispensary.
GABE, A. W., M.R.C.S.E., has been appointed Medical Officer of Health for District No. 4 of the Northleach Rural Sanitary District.

GALTON, J. C., M.A., M.R.C.S.E., has been appointed Clinical Assistant to the West Riding Lunatic Asylum, Wakefield, vice Wood, resigned.

GREGORY, J., L.R.C.P.Ed., M.R.C.S.E., has been appointed Medical Officer of Health for the Rusholme Urban Sanitary District.

HEBBLETHWAITE, J. E., M.D., has been appointed Medical Officer for the Scrooby District of the East Retford Union, vice O'Dwyer, deceased.

JENNINGS, O. H., M.R.C.S.E., has been elected Medical Officer and Public Vaccinator for the St. Woolles District and the Workhouse of the Newport Union, Monmouthshire, vice Lewis, deceased.

KERR, E. W., M.B., has been appointed second Medical Officer for the Cross-roads Dispensary District of the Dunfanaghy Union, Co. Donegal.

LEADMAN, A. D. H., L.R.C.P.Ed., L.R.C.S.Ed., has been appointed Medical Officer for the Boroughbridge District of the Great Ouseburn Union.

MACAULAY, J. C., M.R.C.S.E., has been appointed a Medical Officer to the Honiton Dispensary.

MACKIE, J., L.R.C.P.Ed., has been appointed Medical Officer of Health for the Darlington Rural Sanitary District: £120 per annum.

MILLER, H., M.B., C.M., has been appointed Medical Officer for the Birkenhead District of the Liverpool Union Friendly Society, vice Blakeney, resigned.

MOORE, A., L.K.Q.C.P.I., L.R.C.S.I., has been appointed Medical Officer and Public Vaccinator for the Weaverthorpe District of the Driffield Union, Yorkshire, vice Dowsland, deceased.

PEARSON, W., L.R.C.P.Ed., L.R.C.S.Ed., has been appointed Assistant Medical Officer to the Inverness District Lunatic Asylum.

PRESTON, T. J., M.R.C.S.E., has been appointed Resident House-Surgeon to the Brighton and Hove Lying-in Institution.

POWEL, E., L.R.C.P.Ed., L.F.P. & S. Glas., has been appointed Medical Officer and Public Vaccinator for the Defynnock District of the Brecknock Union, and Medical Officer of Health for the Brecknock Rural Sanitary District.

REEVE, E., M.R.C.S.E., has been appointed Medical Officer for the Great Witchingham District of the St. Faith Union, Norfolk.

RIDLEY, J., L.K.Q.C.P.I., L.R.C.S.I., has been appointed Medical Officer, Public Vaccinator, and Registrar of Births &c., for the Frankford Dispensary District of the Parsonstown Union, Queen's County, vice Lever, resigned.

ROBERTS, C., M.R.C.S.E., has been appointed Medical Officer of Health for the Uxbridge Rural Sanitary District: £100 per annum.

RYLEY, H., L.R.C.P.Ed., has been appointed Resident Medical Officer to the Branch Dispensary of the Cheltenham General Hospital and Dispensary, vice Morrill, resigned.

SPARKS, E. I., M.B., M.R.C.P.L., has been appointed Physician for the Treatment of Diseases of the Skin to Charing-cross Hospital.

SPRAKELING, R. J., M.R.C.S.E., has been appointed Medical Officer of Health for the Borough of Bootle, near Liverpool.

SWAN, R. J., M.R.C.S.E., has been appointed Medical Officer of Health for District No. 2 of the Northleach Rural Sanitary District.

THORP, C. W., L.K.Q.C.P.I., has been appointed Certifying Factory Surgeon for Todmorden.

WATSON, J. B., L.F.P. & S. Glas., has been appointed Medical Officer of Health for the Bourn Rural Sanitary District: £150 per annum.

WEBB, H. G., L.K.Q.C.P.I., has been appointed Medical Officer of Health for District No. 1 of the Northleach Rural Sanitary District.

WILLIAMS, J., L.R.C.P., has been appointed Medical Officer of Health for the Urban Sanitary District of the Borough of Llandovery.

Births, Marriages, and Deaths.

BIRTHS.

BLECKLEY.—On the 7th inst., at Upper Baggot-street, Dublin, the wife of Staff Surgeon T. M. Bleckley, M.A., M.D., LL.B., of a son.

CHESNAGE.—On the 19th ult., at Bukloh, Punjab, the wife of George C. Chesnage, F.R.C.S.I., H.M.'s 4th Goorkha Regiment, of a son.

EVANS.—On the 19th inst., at Heyworth-street, Everton, Liverpool, the wife of Thomas Walter Evans, M.R.C.S.E., of a daughter.

HOAR.—On the 30th ult., at Maidstone, the wife of C. E. Hoar, M.B., of a daughter.

HUGHES.—On the 13th inst., at College Villa, College-road, Brighton, the wife of Dr. R. Hughes, of a son.

HUNTER.—On the 16th inst., at Great Cumberland-place, Hyde-park, the wife of W. G. Hunter, M.D., M.R.C.P., Principal of the Medical College, Bombay, of a daughter.

MARRIAGES.

CRISP—RIDLEY.—On the 5th inst., at St. Hilda's, South Shields, Jas. Luke Crisp, L.R.C.P.Ed., to Ada Susannah, daughter of the late R. B. Ridley, L.R.C.P.Ed.

FOX—ALDERSON.—On the 12th inst., at Allesley, Warwickshire, Edward Charlton Fox, M.D., to Julia Anna, daughter of the late Jonathan Alderson, Esq.

HUTSON—KING.—On the 10th ult., at Thomas's Church, Barbadoes, Charles Hutson, M.B., M.R.C.S.E., to Caroline, eldest daughter of E. King, Esq., of Waterford.

DEATHS.

BYAM.—On the 16th inst., at Woodcroft, Tidenham, Gloucestershire, Wm. J. Byam, M.R.C.S.E., L.S.A.L., formerly of Welbeck-street, London, aged 65.

CRAWFORD.—On the 5th inst., D. Crawford, M.R.C.S.E., of the Laurels, Grinshill, Shrewsbury, for upwards of fifty years Surgeon to the South Salop Yeomanry Cavalry, aged 77.

DEAKIN.—On the 18th inst., at Hungershall-park, Tunbridge Wells, R. Deakin, M.D., formerly of Rome, aged 64.

GOODAY.—On the 8th inst., A. F. Gooday, Ext. L.R.C.P.L., of Newcastle, Staffordshire, aged 55.

GOODMAN.—On the 12th inst., C. E. Goodman, M.R.C.S.E., of Shrewsbury-road, Westbourne-park, aged 51.

HARDMAN.—On the 1st inst., J. Hardman, Surgeon, of Todmorden, aged 85.

SHIRREFF.—On the 16th inst., J. H. Shirreff, M.D., of Exmouth, aged 91.

STERRY.—On the 12th inst., H. Sterry, F.R.C.S.E., of Eastbury, Leigham Court-road, Streatham, aged 71.

Notes, Short Comments, and Answers to Correspondents.

THE ADMINISTRATION AND ORGANISATION OF THE BRITISH ARMY.

IT may interest some of our military medical readers to know that a series of very good articles are making their appearance in our new weekly contemporary, *Iron*, under the title of "National Premium of Assurance; or, the British Army, its Administration and Organisation." The writer shows considerable practical acquaintance with his subject, and some of his remarks on one branch of the service would apply to all. Speaking of the over-administration that characterises the entire system, he says: "We have in military affairs a dozen little rills of descending authority and ascending responsibility, which are so intermingled that, in case of failure, an ingenious official can so confuse the hunters after inefficiency that it is impossible to fix the blame on the right person. Everybody is a check on everybody else, and no one can take any step without the concurrence and co-operation of half-a-score of different departments." We quite agree with the writer of the articles in question in thinking that far more money is spent in continually, capriciously, and at uncertain intervals moving troops from one station to another than is at all necessary. Such frequent change of quarters is a worry and expense to everybody, and probably to none more than to the medical officers.

THE communication of *Mr. J. H. Philpot* is acknowledged with thanks.

AN OBSTETRIC CASE.

To the Editor of THE LANCET.

SIR,—If you should think the following case worthy of a place in your valuable periodical, I will thank you to insert it. There are, I think, some points of interest connected with it.

MRS. N——, aged twenty-three, of nervo-sanguineous temperament, in the eighth month of her second pregnancy, on December 24th, after eating a hearty dinner of sausages, and being subjected to some excitement in the evening, complained of headache and sickness. I visited her about 9 P.M. She was flushed, the pulse quick, and she had pain in the head, with pain and distension of the stomach. As she was inclined to vomit, I directed that it should be encouraged, the bowels to be acted upon by purgative enemas, the head to be frequently sponged with a spirit lotion, and the feet to be placed in hot water with mustard in it. At 2 A.M. I received a message to say that the vomiting had continued the whole night. Two grains of calomel were given, and a mustard poultice applied to the epigastrium. Soon afterwards the vomiting ceased, the head was relieved, and she slept for some time. About 8 A.M. (Dec. 25) she again vomited freely, apparently, part of the dinner she had taken the day before. About 9 A.M. she had a sudden attack of convulsions of the apoplectic character. This was speedily followed by a second and a very severe fit, during which one side of her tongue was badly bitten. These attacks were followed by others every fifteen or twenty minutes. As soon as possible after my arrival I bled her in the arm until the pulse was reduced and the countenance became pale. By keeping a smooth wedge of wood between the teeth, any further injury to the tongue was prevented. Stimulating injections were repeated; mustard poultices applied to the nape of the neck and to both feet. The convulsions continued, but were less severe and less frequent after the bleeding. An hour or two after the bleeding I noticed some evidence of uterine action, and made a vaginal examination. The os uteri was very slightly dilated; but as the head presented I ruptured the membranes. At the end of another hour, as there was no increase of uterine action, no further dilatation, and as the fits still continued, the bowels having been freely moved, I prescribed an enema consisting of a strong infusion of ergot. At this time it was impossible to get her to swallow. In half an hour after the enema had been administered, strong uterine action was established, and in a few minutes the fœtus and the placenta were suddenly expelled. The child lived two or three days. The convulsions now became weaker and less frequent, ceasing altogether in three or four hours. She was conscious the following day, but complained of pain in the head for two or three days. She was down stairs on the twelfth day, and is now convalescent.

This patient was confined under similar circumstances, and at about the same period of gestation, about ten or eleven months previously. I did not see her on that occasion until nearly the close of the attack. She was attended by a very intelligent physician, who administered chloroform freely during the convulsions. On that occasion they ceased soon after delivery; but there remained after her recovery partial paralysis of the right arm, and a difficulty in articulating. Under excitement she could scarcely speak at all. These conditions continued, rather increasing during the second pregnancy. At the present time she has neither paralysis of the arm nor any difficulty in speaking. Her recovery seems complete. I regret I did not bleed her earlier in the attack. I think she owes her present condition, her perfect recovery, to the bleeding. Probably if she could have been bled sooner, the attack might have been prevented or greatly modified. I wish also to direct attention to the marked effect of the ergot given per rectum. I am not aware of its having been so administered in any other case.

Your obedient servant,

Brockville, Ontario, Jan. 8, 1873. FRANCIS ELRINGTON, M.D.

"PRACTICE AT BERMONDSEY": A DISCLAIMER.

Mr. Henry T. Scott, L.R.C.P. Lond. (Bermondsey) requests us to state that he knows nothing whatever of the "Dr." Scott who advertises in the district, and to whom we alluded last week in the "Notices to Correspondents."

THE "MEDICAL LIST."

To the Editor of THE LANCET.

SIR,—I beg most emphatically to deny the statement of Mr. Richards concerning the "Medical List," and desire to inform you that I sent a stamped directed envelope to No. 45, Euston-square, in order that Dr. Abbotts Smith, Mr. Wm. Longman, or Mr. Richards should have no further excuse for not returning my subscription.—Yours, &c.,

Belsize-road, N.W., Feb. 18th, 1873. THE LORD J. PRESTON.

THE SUFFOLK LUNATIC ASYLUM.

THE Medical Superintendent of the Suffolk Lunatic Asylum, in the thirty-fifth Annual Report of that institution, speaks of the value of the patients' services in carrying out several structural improvements in the asylum. Engaged in excavating a cellar, he says that had they been digging for Australian gold they could not have been more energetic. And when a fire took place at an adjacent farm, eighteen of the lunatics, with their attendants, rendered most effective service in cutting off the communication between the burning farm buildings and the house. It is well known how jealous old people are of any interference with their duties, and how tenaciously they cling to office, spite of sundry warnings of their unfitness for it. It appears that an old man had for a long time occupied the honourable and useful post of "donkey driver" to the establishment. He struggled hard to remove any symptom of decrepitude that would intrude itself either upon himself or his friend the donkey. He complained, however, that "he could not make the poor beast hear," and at last adopted what he felt sure *must* succeed—viz., he cut out all the hairs from the animal's inner ear. ("Happy donkey! deaf to all Reports," the medical superintendent cannot forbear remarking parenthetically.) The total number of patients in the asylum at the end of the year was 421—180 males, and 241 females. During the summer months the asylum appears to have been full, and the demand for room was very great; but subsequent discharges and deaths have materially diminished the pressure in this respect.

Publicola, (Dublin.)—The recent work of Dr. George Wilson, of Portsmouth, contains good information on "Public Health." The section on "Water Analysis" will be found particularly useful.

A. B. C. D.—We fear that no claim can be made on the Postmaster-General.

THE CONTAGIOUS DISEASES ACTS.

To the Editor of THE LANCET.

SIR,—In an annotation in to-day's LANCET, in speaking of the "Contagious Diseases Acts and the Public Services," you say "the object of reformatories is deserving of every encouragement, whatever may be thought of the wisdom of the system that is pursued in many of them; but can the supporters of such institutions match the results that have accrued in the case of Plymouth?" As some of these results may interest your readers, allow me to give an extract from the Report of the Plymouth Female Home, read at the annual meeting held a few days ago: "Notwithstanding the well-known diversity of opinion which existed with respect to certain recent Acts of Parliament (which needed not be further specified), one fact has been sufficiently obvious, that the number of fallen women in these towns had been of late perceptibly diminished. *It was impossible not to trace here the operation of those Acts.* Another circumstance equally observable was, that a large proportion of those who sought a shelter in the Home came there from the Royal Albert Hospital, Devonport, of which institution they had been for longer or shorter periods *involuntary* inmates. It must not be imagined that such institutions as the Royal Albert Hospital supersede the work of the Home or kindred houses. Rather they acted as pioneers to that work, commencing what had afterwards to be carried on during many subsequent weeks or months." A clergyman, in moving the adoption of the Report, remarked: "As far as they who knew the working of the Contagious Diseases Acts were concerned, they must say that the practical outcoming and the real effect of them had been good. No less than 15 inmates had been received during the year from the Royal Albert Hospital, and those inmates who were received into the Home from the hospital were in a much more favourable condition than those usually received from the streets; they were in a better condition, and much more ready to receive the instruction given to them at the Home."

I regret to see that Mr. W. Fowler gave notice on the first night of the session of his intention again to bring in a Bill for the repeal of these Acts. If the country is to give its assent to the active policy of prevention, which has worked so well during the past six years, and which is so full of promise in the future, it will be done, I believe, mainly by giving publicity to such moral results as those at Plymouth, which may be taken as an index of work done at Portsmouth, Winchester, and other towns to which these Acts are applied. This great moral improvement forms a cogent testimony against the idea that whilst these Acts minister to vice, no good results in the shape of the reclamation and reform of the unfortunate women who are the subjects of the Acts take place.

Yours truly,
February 8th, 1873. H. R.

Inquirer.—1. We do not know.—2. Stockholm: Archiv Nordiskt Medicinsk; Läkare, Sälskapets Svenska, nya Handlingar. Copenhagen: Bibliothek for Laeger Sjette Raekke; redig. Lehmann. Napoli: Canone Agenda del Medico. Venezia: Giornale Veneto di Scienze Medice. Neerlandische Archiv. Hygeia, (?) Norwegian. Italy: Annali Universali di Medicina; Rivista Clinica di Bologna. Spain: El Siglo Medico.—3. Very nearly ready.

Mrs. H. (Woolwich) had better obtain a medical opinion on the point put to us from some one who has personal knowledge of the patient's case.

Dr. Thomas S. Dowse.—The reports of THE LANCET Sanitary Commission for Investigating the State of Workhouse Infirmaries began to be published on July 1st, 1865, and appeared from time to time in our columns until Nov. 30th, 1867.

H. L.—It is published by Messrs. Longmans.

M.D.—It is not proper for a physician or a specialist to keep a general practitioner waiting who has come to his house for the purpose of a consultation. Such a consultation takes precedence of other duties, for obvious reasons.

Dr. P. M. Pierce.—We think our correspondent very right, and the objections made to his certificates untenable. He has ground for complaint.

Nemo.—Etiquette does not require such conduct, but rather forbids it as undignified.

D. is thanked for his communication. The matter shall receive attention.

THE EAST RUDHAM COTTAGE HOSPITAL.

THIS little hospital contains four beds. The object of its founders was, among other things, to give the sick poor the advantage of hospital nursing and attendance, and the benefit of country air, without the discomfort of being removed from the neighbourhood of their friends and home, or the disadvantages of a long journey. The institution is partly self-supporting, the patients contributing a small sum towards their own maintenance. Speaking of the hospital accommodation of the county, it is stated in the Annual Report of this hospital that Norfolk has only one bed to every 1800 population, while some counties possess one to every 700 population. From the first Annual Report of the East Rudham Cottage Hospital, it appears that twelve surgical cases of more or less severity have been treated successfully during the year.

Mr. P. M. Ellison.—The question has been answered several times lately in our "Notices to Correspondents."

THE letter of *Mr. P. B. Pearse* shall be inserted next week.

CASE OF PROTRACTED GESTATION, 350 DAYS.

To the Editor of THE LANCET.

SIR,—As the following case is worth notice, I shall feel obliged by its insertion in your columns.

Mrs. B——, primipara, aged thirty-two, always regular, had morning sickness for the first time during the last week of February, 1872; quickened in July, and expected to be confined the last week in November. At this date the breasts were full, and for two or three days she had irregular pains, which then went off. The first week in January she again was out of sorts for two days, but nothing came of it. On February 8th (nearly five weeks after last date) she was delivered of a large male child, 23 inches long, with the head well ossified. Diameters—biparietal, 4¼ in.; occipito-frontal, 5½ in.; occipito-mental, 6½ in. Hands and legs were large, but the body not.

Now, though morning sickness commenced in February, and, from the development of the child, conception must have taken place then, yet it is to be noted that the catamenia occurred three times subsequently in normal quantity, and at the usual intervals. The last was in the last week of April; so that nine months and a week elapsed between the last catamenia and parturition, not between conception and parturition. If we reckon in February 24th, 1872, pregnancy has lasted 350 days; but it may have existed a few days before the sickness commenced. The lady's illness in November, January, and now seems to support the opinion that throughout pregnancy, at every menstrual period, "a tendency to discharge the fœtus exists, but is resisted."

In the summer of 1871 I attended a patient who told me she was just two months out in her reckoning. The child weighed 13¼ lb. On four other occasions in London I have found pains go off, and have not been sent for again for about a month.

From a practical point of view I should like to know: 1st. If other examples of missed labour can be adduced sufficient to form a rule as to whether a busy practitioner is justified in leaving a labour case (where pains have ceased) for two or more weeks, or is bound to stay about in daily expectation of being sent for, and lose his holidays. 2ndly. If Mrs. B—— again should feel as sure of the date of conception, and labour again seem deferred, would it be better to induce labour at nine months, or wait till it has begun of itself, and risk having to deliver by operation? This child was saved by turning. The next may not be so fortunate.

I remain, Sir, yours obediently,
Penny Stratford, Bucks, Feb. 9th, 1873. R. J. CASEY, M.A. Cantab.

Casus.—The child's life is destroyed by the long labour. It is in these cases on the point of dying, and unable to maintain an independent existence. Gradual decline in the strength of the fœtal heart-sounds is a reason for terminating the labour by artificial means.

Mr. J. M. H. Rigg, (Bradford.)—Dr. Thomas's work on Diseases of Women, and Dr. Sydney Ringer's on Therapeutics.

Neophyte.—The structures to which our correspondent alludes are such as the epidermis, epithelium, hair, nails, tendons and cartilages, &c.

Mr. W. H. Llewellyn's letter shall receive attention.

CONDENSED MILK.

To the Editor of THE LANCET.

SIR,—I have read with interest a letter from Dr. Daly in your issue of the 2nd of November regarding the use of condensed milk for infants deprived of breast milk, or to supplement any deficiency on that score; and as you invite other opinions, I write to give you the result of two years' experience of its use.

I would premise by saying that in this country at this (the summer) season of the year infants suffer much from diarrhœa; and, which is a more serious affair with those not on the breast, from the great heat and other causes, the cows are at this time in a fevered state, and the milk very unfit for infant food; indeed it turns sometimes in less than two hours. There has been consequently much infant sickness and mortality here during the months of December, January, and February. I was, therefore, well pleased on first trying the condensed milk to find that it was all that I could wish for. I have not witnessed the ill effects described by Dr. Daly; and, on thinking over the matter, the only reason I can suggest is that I have been in the habit of giving phosphate of lime to all the children here. The water supplied to Sydney is rain-water falling on sandstone, so that a deficiency in lime soon becomes evident as the child grows up, the teeth decaying very early, besides other signs. In the case of infants reared by hand I have always given lime, which may account for the absence of the state which Dr. Daly describes.

I think a question of the greatest importance is the selection of a good brand, as they vary considerably, and by careful experiment I have found a wide difference between some specimens. As a general rule I have come to the conclusion that the white or slightly cream-coloured, and of about the consistency of honey, is the best; the brown-coloured specimens are firmer, and look more like gelatine than thick cream or butter, and do not blend well with water, having a disposition to remain in tough lumps.

I remain, Sir, yours faithfully,
Sydney, N.S.W., Dec. 30th, 1872. GEORGE ALLOWAY, M.D.

An Old Subscriber.—If the abortion be due to atony of the uterus, we should recommend ferruginous, sulphurous, muriatic, and acidulated waters, particularly those that are thermal, as drinks, baths, and douches; also sea baths. Luchon, Canterets, Ax in Ariège, Barèges, or Saint Sauveur may be resorted to beneficially. If due to plethoric enlargement, try Néris, Plombières, Ems, or Töplitz. Our correspondent should consult Dr. Alphonse Donné's excellent work.

W. G. D.—If our correspondent refers to the last four numbers of THE LANCET, he will see that attention has been directed to the question. It has, moreover, been made the subject of investigation by Dr. Wm. Roberts, of Manchester.

W. S. (Devonport) had better apply to the Secretary for the information.

THE TREATMENT OF PYROSIS.

To the Editor of THE LANCET.

SIR,—In reply to "Ajax," I write to say that the above symptom is most difficult to treat in a young man. First, what is its cause? Without knowing the history of his patient, I would suggest sulphurous acid in small doses. I scarcely ever use any other drug; but vegetables and tea must be forbidden. If this does not succeed, and your correspondent will send me a history of the case, I will do my best to assist him in alleviating the sufferings of his patient. Yours, &c.,

February, 1873. M.D.

To the Editor of THE LANCET.

SIR,—For the treatment of pyrosis, if not already tried, I would recommend ten grains of subnitrate of bismuth, with five grains of the compound kino powder, suspended in thin mucilage, three times a day. I have found it succeed well. Yours obediently,

Lewes, Sussex, Feb. 17th, 1873. J. G. BEADEN.

Assistant-Surgeon R.N.—1. Dr. Nicholson's Manual of Palæontology, published by Blackwood and Sons. — 2. The Manual of Zoology by the same author and publishers.

Mr. Wm. Dunkley, (Stoke-on-Trent.)—Thanks; but we do not insert papers that have appeared elsewhere.

Barbadoes.—A correspondent, whose communication we have mislaid at the moment, is informed that the station is not considered a favourable one for the cases to which he alludes.

Enquirer has omitted to enclose his card.

COMMUNICATIONS, LETTERS, &c., have been received from—Prof. Humphry, Cambridge; Major-General MacDougall; Mr. Duncan; Mr. W. Chapman, Tooting; Mr. W. Wade; Mr. E. Jackson, Colchester; Dr. Ball, Spalding; Dr. Goddard; Major Harmar; Mr. Hewitt; Mr. Staples; Mrs. A. Pearce, Margate; Mr. R. de Lolme; Dr. Harvard, Belize; Dr. Anderson, Kingston, Jamaica; Dr. Goodchild, Ealing; Dr. Alloway, Sydney; Dr. H. R. Ker, Brierly Hill; Mr. Porter, Dublin; Dr. Mackintosh, Callington; Mr. Lowe; Mr. S. Ellison, Adelaide; Mr. Thompson, North Bow; Mr. Attenborough, Cheltenham; Dr. Sainter, Fort Lahore; Mr. Ellis; Dr. Dewar, Orkney; Dr. Broster, Lewes; Mr. Dowie; Rev. W. Hume Rothery; Mr. Conolly; Mr. Remington; Mr. Hoyle; Dr. Thorp, Sible Hedingham; Dr. Dunkley, Stoke-on-Trent; Mr. B. Brent, Ovingdean; Mr. Parkinson, Rotherham; Mr. Cooper, Waltham; Dr. More, Rothwell; Dr. Gipps, Guernsey; Dr. Hope; Mr. W. Devonshire; Mr. H. Scott; Mr. Byam, Woodcroft; Messrs. Brown & Son, Douglas; Mr. Parker, Bath; Dr. Clark, Chasetown; Dr. Carey, Guernsey; Mr. Linley; Dr. Neal, Dayton, Ohio; Dr. Moore, Hartlepool; Dr. Evans, Narberth; Dr. Malins, Birmingham; Dr. Joyce, Ashby-de-la-Zouch; Dr. Bleckley, Dublin; Mr. W. Houghton, Fulham; Mr. J. Webb, Stourport; Mr. Edwards, Dover; Mr. R. Stephen, Boston; Dr. Philpot; Mr. Newcomb; Mr. Jelly, Madrid; Mr. Angell, Stratford; Mr. Rigg, Walton-on-the-Naze; Mr. J. Renton, Cork; Dr. M'Lintock, Church Stretton; Mr. Forman, Hull; Mr. Cole; Dr. Palmer, Loughborough; Mr. Horton, Sutton; Mr. Oldham, Canterbury; Mr. Gilmer, Stamford; Dr. Preston; Mr. Jerdein, York; Mr. Oldcastle, Burnley; Dr. Pilkington, Chorley; Dr. Ridge; Mr. F. B. Pearse; Dr. Sprakeling, Bootle; Dr. Robson, Rock Ferry; Mr. Heathfield; Mr. Harris, Frome; Dr. Williams, Llandovery; Mr. Harding, Chatteris: Mr. Evanson, Coldstream; Dr. Crombie; Mr. Fox, Eastbourne; Dr. Clapham, Wakefield; Mr. Brown, Sunderland; Mr. Llewelyn, St. Albans; Mr. P. Clayland, Halifax; Dr. Button, Driffield; Mr. Stanfield, Burton; Mr. Harding, Sheffield; Mr. Elton, Cranley; Dr. Blackshaw, Stockport; Dr. Ferguson, Cheltenham; Dr. Smith, Huddersfield; Dr. Finlayson; Rev. G. Cardew; Mr. Turner, Holloway; Dr. Dalton, South Norwood; Mr. Young, Eye; Dr. Manley, East Reedham; Mr. James, Taunton; Mr. Elliott; Mr. Best, Walthamstow; Mr. Smith, York; Mr. B. Mackie, Stirling; Mr. R. South, Chesterfield; Mr. Pratt, Belvedere; Dr. Barming, Gateshead; Mr. Holt, Portsmouth; Mr. Walker, Mold; Mr. Craufield, Tewkesbury; Mr. Clarke; Mr. Rennalds; Mr. Harling; Mr. Wilson, York; Mr. T. Campion, Streatfield; Mr. E. Bruton, Hartlepool; Dr. C. James, Paris; Mr. Cox, Bath; The Secretary of the Society of Arts; Medicus; A Young Practitioner; W. G. D.; His Great Great Grandson; Inquirer; T. M.; A. B. M.; M.D.; P. T. L.; The Hon. Sec. of St. Peter's Hospital; M.D., R.N.; Eczema; The Military Secretary, India Office; Non est; A. L. O. E.; Indoctus; An Old Subscriber; D.; The Secretary of the Anthropological Society; K. Q. X.; M. F.; &c. &c.

Bedfordshire Times, Scarborough Gazette, Derbyshire Courier, Practitioner, Western Mail, Quarterly Paper of the Edinburgh Medical Missionary Society, Archives de Physiologie, South Durham Mercury, Liberal Review, Canada Medical Record, Madras Monthly Journal, Bath Chronicle, Birmingham Daily Gazette, Canada Lancet, Liverpool Mail, Canada Medical and Surgical Journal, and *Penrith Observer* have been received.

Medical Diary of the Week.

Monday, Feb. 24.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ST. MARK'S HOSPITAL.—Operations, 2 P.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Prof. Flower, "On the Osteology and Dentition of Extinct Mammalia."
MEDICAL SOCIETY OF LONDON. — 8 P.M. Mr. Teevan: "Cases of so-called Irritable Bladder; Dr. Tilbury Fox: "Practical Notes on Acne and its Treatment."

Tuesday, Feb. 25.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 3 P.M.
ROYAL INSTITUTION. — 3 P.M. Professor Rutherford, "On the Forces and Motions of the Body."
ROYAL MEDICAL AND CHIRURGICAL SOCIETY.—8½ P.M. Dr. W. H. Dickinson, "On Disseminated Suppuration of the Kidney secondary to certain Conditions of Urinary Disturbance."

Wednesday, Feb. 26.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. GEORGE'S HOSPITAL.—Ophthalmic Operations, 1½ P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 2 P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
LONDON HOSPITAL.—Operations, 2 P.M.
SAMARITAN FREE HOSPITAL FOR WOMEN AND CHILDREN.—Operations, 2½ P.M.
CANCER HOSPITAL.—Operations, 3 P.M.
ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Prof. Flower, "On the Osteology and Dentition of Extinct Mammalia."

Thursday, Feb. 27.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Dr. Armstrong, "On the Formation of Organic Substances."
HUNTERIAN SOCIETY. — 7½ P.M. Council. — 8 P.M. Dr. Hilton Fagge, "On some points in the Etiology of Diseases of the Valves of the Heart."

Friday, Feb. 28.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Prof. Flower, "On the Osteology and Dentition of Extinct Mammalia."
ROYAL INSTITUTION.—9 P.M. General Sir Henry C. Rawlinson, "On Livingstone's Explorations in Africa."
QUEKETT MICROSCOPICAL CLUB.—8 P.M.
CLINICAL SOCIETY OF LONDON. — 8½ P.M. Dr. Burney Yeo will exhibit a Patient with Congenital Absence of a portion of the Pectoralis Major Muscle.—Report of the Committee appointed to examine the Brain in Dr. Glover's "Case of Aphasia." — Dr. Clifford Allbutt, "On Overwork and Strain of the Heart and Aorta." — Mr. Barwell, "On a Case of Foreign Body impacted in Right Bronchus."

Saturday, March 1.

HOSPITAL FOR WOMEN, Soho-square.—Operations, 9½ A.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
ROYAL FREE HOSPITAL.—Operations, 9 A.M. and 2 P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION. — 3 P.M. Prof. W. K. Clifford, "On the Philosophy of the Pure Sciences."

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